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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Lone Star Producing Company		CASINGHEAD GAS MUST NOT BE PLARED AFTER 3/23/71 UNLESS AN EXCEPTION TO R-407G IS OBTAINED.
Address Box 4815, Midland, Texas 79701		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

Other (Please explain) **Request for temporary autho-
rity to commingle oil from N.M.(87) State
#1 w/oil produced from N.M.(80)State & N.M.
(86)State #1. This authority to be in ef-
fect until formal action is taken on com-
mingling application now being prepared.**

If change of ownership give name and address of previous owner		THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		
II. DESCRIPTION OF WELL AND LEASE		Well No. 1	Pool Name, Including Formation R-4119 Tres Papalotes (Perm)	Kind of Lease K-5450 State, Federal or Fee State
Lease Name N. M. (87) State		Location Unit Letter K ; 1874 Feet From The West Line and 2086 Feet From The South Line of Section 33 , Township 14-S Range 34-E , NMPM, Lea County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville Ave., Lubbock, Texas 79401	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipe Line Company		Address (Give address to which approved copy of this form is to be sent) 500 West Illinois, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Resources		Is gas actually connected? No When	
If well produces oil or liquids, give location of tanks.	Unit B Sec. 33 Twp. 14S Rge. 34E		

If this production is commingled with that from any other lease or pool, give commingling order number:			
IV. COMPLETION DATA			
Designate Type of Completion - (X) X Oil Well X Gas Well X New Well X Workover X Deeper X Plug Back X Same Res'v. X Diff. Res'v. X			
Date Spudded December 12, 1970	Date Compl. Ready to Prod. January 23, 1971	Total Depth 10,550'	P.B.T.D. 10,504'
Pool 4107.4' G.L.	Name of Producing Formation Saunders Lime	Top Oil/Gas Pay 10,407'	Tubing Depth 10,374'
Perforations 10,427'-10,433' (6') 2 holes per foot		Depth Casing Shoe 10,549'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" CD	445'	450 sacks (circ.)
11"	8-5/8" CD	4,538'	500 sacks
7-7/8"	5-1/2" CD	10,549'	460 sacks
	2-3/8" CD	10,374'	

V. TEST DATA AND REQUEST FOR ALLOWABLE		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)	
OIL WELL			
Date First New Oil Run To Tanks January 23, 1971	Date of Test January 23, 1971	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 210 psi	Casing Pressure Packer	Choke Size 2 1/2"
Actual Prod. During Test 360 barrels	Oil-Bbls. 360 barrels	Water-Bbls. - 0 -	Gas-MCF 455 MCF/day

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
C R Ramsey (Signature) District Production Superintendent (Title) January 26, 1971 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED JAN 26 1971 , 19	
BY Leslie A. Clement Oil & Gas Inspector	
TITLE	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	