

DISTRIBUTION		
AMOUNT		
DATE		
S.G.S.		
AND 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

I. Operator  
**C. H. Juni**  
Address  
**2104 North "H" St., Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Gas ☐ Dry Gas ☐  
Change in Ownership ☐ Crudehead Gas ☒ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cabot State</b>	Well No. <b>1.</b>	Pool Name, including Formation <b>William Penn</b>	Kind of Lease State, <del>Production</del> Fee	Lease No. <b>K3366</b>
Location Unit Letter <b>H</b> <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>29</b> Township <b>13S</b> Range <b>32E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Crudehead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>Warren Petroleum Company</b>	<b>Mr. K.R. Tibbets P.O. Box 1589, Tulsa, Okla. 74102</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <b>June 15, 1973</b>	Date Comm. Ready to Prod. <b>September 12, 1973</b>		Total Depth <b>12413</b>		P.B.T.D. <b>11426</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4357 DF 4344 GL</b>	Name of Producing Formation <b>Morrow</b>		Top Oil/Gas Pay <b>11080</b>		Tubing Depth <b>11134</b>			
Perforations <b>11080-86 and 11094-106</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17"</b>	<b>13-3/8"</b>		<b>350</b>		<b>400</b>			
<b>11"</b>	<b>8-5/8"</b>		<b>3884</b>		<b>475</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>11426</b>		<b>700</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>Sept. 4, 1973</b>	Date of Test <b>Sept. 12, 1973</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24</b>	Tubing Pressure <b>780#</b>	Casing Pressure <b>1420#</b>	Choke Size <b>12/64</b>
Actual Prod. During Test <b>150</b>	Oil-Bbls. <b>150</b>	Water-Bbls. <b>None</b>	Gas-MCF <b>400</b>

GAS WELL

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

DPH, Ltd.

**J.B. Harris Jr.**  
General Partner (Signature)

October 3, 1973 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI 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.