

SANTA FE
FILE
U.S.G.S.

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

PERMIT TO TRANSPORT OIL AND NATURAL GAS

I. TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE
Operator
Saxon Oil Company
Address
P. O. Box 2948, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter of:
Oil ☐
Casinghead Gas ☒
Dry Gas ☐
Condensate ☐
Other (Please explain)
XX-Purchaser of Casinghead gas.
Well went on stream 8/22/75
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
State "35"
Well No. 1
Pool Name, including Formation
Tulch/Pennsylvanian
Kind of Lease
State, Federal or Fee
State
Lease No.
1286N
Location
Unit Letter G
1980 Feet From The North Line and 1980 Feet From The east
Line of Section 35 Township 14-S Range 32-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Warren Petroleum Corporation
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.
Unit G Sec. 35 Twp. 14-S Rge. 32-E
Is gas actually connected? Yes When 8/22/75
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)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

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

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.

OIL CONSERVATION COMMISSION

APPROVED JAN 5 1976
BY
TITLE SUPERVISOR DISTRICT II

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...