

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUT. RIZATION TO TRANSPORT OIL AND NAT. RAL GAS

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

INCA FE		
P.L.E.		
J.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Saxon Oil Company (Inc.)
Address
P. O. Box 2948, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
CARTHEAD GAS MUST NOT BE
PLACED AFTER 8/9/75
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

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

Lease Name State "35"	Well No. 1	Pool Name, Including Formation Tulk (Penn)	Kind of Lease State, Federal or Fee State	Lease No.
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Undesignated	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 35	Twp. 14-S	Rge. 32-E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 4/17/75	Date Compl. Ready to Prod. 6/9/75		Total Depth 10,120'		P.B.T.D. -			
Elevations (DF, RKB, RT, GR, etc.) 4284' GR	Name of Producing Formation Penn Reef		Top Oil/Gas Pay 9850'		Tubing Depth 9850'			
Perforations 9863-9895'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		400'		425			
11"	8-5/8"		4085		700			
7-7/8"	5-1/2"		10120		400			

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 allow-
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6/9/75	Date of Test 6/10/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure Pkr	Choke Size
Actual Prod. During Test	Oil-Bbl's. 155	Water-Bbl's. 230	Gas-MCF 256

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbl's. 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.

R.K. Belcher (Signature)
Vice President (Title)

June 11, 1975 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
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 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.