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| | DISTRIBUTION SANTA FE | NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 DECHIEST FOR ALLOWARLE Supersedes Old C-104 and C-110 | | | |
| | FILE | REQUEST | FOR ALLOWABLE AND | Effective 1-1-65 | |
| | U.S.G S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL (| GAS | |
| | LAND OFFICE | | ····· | | |
| | TRANSPORTER OIL | | | | |
| | OPERATOR GAS | | | | |
| ī | PRORATION OFFICE | | | | |
| •• | Operator | | | | |
| | Petroleum Corporation of lexas | | | | |
| | Address | | | | |
| | Reason(s) for filing (Check proper box) | enudge, Texas 76024 | Other (Please explain) | · · · · · · · · · · · · · · · · · · · | |
| | New Well | Change in Transporter of: | | | |
| | Recompletion | Οί: 📃 Ετγ Gα | s 🛄 | | |
| | Change in Ownership X | Casinghead Gas Conden | isate | | |
| | If change of ownership give name | | | | |
| | and address of previous owner | | | | |
| 18 | DESCRIPTION OF WELL AND I | SCRIPTION OF WELL AND LEASE | | | |
| | Lease Name | Well No. Pcol Nar | me, Including Formation | Kind of Lease | |
| | Emerald Unit. | 1 Ande | erson, Ranch (Wolfcamp) | State, Føderal or Fee State | |
| | Location (1.0 | | | | |
| | Unit Letter <u>C</u> ; <u>660</u> |)Feet From TheNorthLin | e and <u>1980</u> Feet From ' | The West | |
| | Line of Section 2.3 Tow | nship 16S Range | 32Е , ммрм, | Lea County | |
| | | nemp 100 Hange | | | |
| III. | DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GA | S | | |
| | Name of Authorized Transporter of Oil | | Address (Give address to which appro | | |
| | The Permian Corporation | inghead Gas X or Dry Gas | Box 3119, Midland, 76 Address (Give address to which appro | exas /9701 | |
| | | | | esia, New Mexico 88210 | |
| | Valley Gas Corporation | Unit Sec. Twp. Rge. | Is gas actually connected? | | |
| | If well produces oil or liquids, give location of tanks. | C 23 16S 32E | Yes | January 28, 1963 | |
| | If this production is commingled wit | h that from any other lease or pool, | give commingling order number: | | |
| IV. | COMPLETION DATA | | angen () | Plug Back Same Res'v. Diff. Res'v. | |
| | Designate Type of Completio | | New Well Workover Deepen | Plug Back Same Hesve. Dill. Resve. | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | · | | | | |
| | Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| | | | <u> </u> | Depth Casing Shoe | |
| | Perforations | | | Depth Casing Side | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | | |
| | | | | | |
| | | | | | |
| N 7 | TECT DATA AND DEOUEST EC | DALLOWADIE (Test must be a | fter recovery of total volume of load oil | and must be equal to or exceed ton allow | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load cil and must be eq able for this depth or be for full 24 hours) | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li | ft, etc.) | |
| | | Tublez Drocoure | Casing Pressure | Choke Size | |
| | L e ngth of Test | Tubing Pressure | Caering 1 1000mic | | |
| | Actual Prod. During Test | Oll-Bbls. | Water - Bbls. | Gas-MCF | |
| | | | | | |
| | | | | | |
| | GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate | | | | |
| | Actual Floa. Lest-MCF/D | Longin of Test | Salar Contendato/ WIMCL | Starty of Condensate | |
| | Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | |
| | | | | | |
| VI. | . CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | |
| | | | Contraction of the second s | | |
| | 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. | | APPROVED, 19 | | |
| | | | Ву | | |
| | | | | | |
| | h | D | TITLE | | |
| | m. B | Saylor | | compliance with RULE 1104. | |
| | (Signa | sture) Mary B. Taylor | 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 | | |
| | Production Clerk | | tests taken on the well in acco | rdance with RULE 111. | |
| | (Tit | | All sections of this form mu able on new and recompleted w | ast be filled out completely for allow- ells. | |
| | November 20, 1961 | | Fill out Sections I, II, III, | , and VI only for changes of owner, ter, or other such change of condition. | |
| | (Da | te / | went name or number, or transpor | ten or other such change of condition. | |

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.