

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
HOBBS OFFICE O.C.C.
MAY 7 7 46 AM '65

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Standard Oil Co. of Texas, a div. of California Oil Company	
Address 3610 Avenue S., Snyder, Texas, 79749	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Former owner & operator Leonard Nichols
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
If change of ownership give name and address of previous owner Leonard Nichols, Box 123, Maljamar, N. M.	

Lease Name Iles Federal Battery 2		Well No. 24	Pool Name, including Formation Maljamar (G-SA)	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter L ; 2310 Feet From The South Line and 330 Feet From The West Line of Section 4 , Township 17 Range 32 , NMPM, Lea County				

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline Co.		Address (Give address to which approved copy of this form is to be sent) Midland, Texas				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum		Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 4	Twp. 17	Rge. 32	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deeper	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Pool	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 (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.	
O/S D. C. HELM D. C. Helm (Signature) Production Foreman (Title) February 26, 1965 (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 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.	