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U.S.G.S.		
LAND 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**
RYDER SCOTT MANAGEMENT COMPANY
Address **922 8th Street, Wichita Falls, Texas 76301**
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)

If change of ownership give name and address of previous owner **Water Flood Associates, Inc., 4505 Republic National Bank Tower Dallas, Texas**
II. **DESCRIPTION OF WELL AND LEASE**
Lease Name **Taylor A 876** Well No. **2** Pool Name, including Formation **Maljamar** Kind of Lease **State, Federal or Fee** Fee **876** Lease No. **876**
Location **F** **1980** Feet From The **N** Line and **3300** Feet From The **E** **31** County
Unit Letter **F** **1980** Feet From The **N** Line and **3300** Feet From The **E** **31** County
Line of Section **11** Township **17** Range **32** NMPM, **Lea** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☐ or Condensate ☐
INJECTION WELL
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
Address (Give address to which approved copy of this form is to be sent)
Is gas actually connected? ☐ 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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest'y. ☐ Diff. Rest'y. ☐
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** (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)
Producing Method (Flow, pump, gas lift, etc.)
Date First New Oil Run To Tanks ☐ Date of Test ☐
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 ☐

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.

Ryder Scott Management Company

G. F. Sawdy (Signature)
Agent (Title)

October 13, 1966 (Date)

OIL CONSERVATION COMMISSION

APPROVED

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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of co
Separate Forms C-104 must be filed for each pool in a