

DISTRIBUTION
 STATE
 FILL
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OPERATOR
 PRODUCTION 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-105
 Effective 1-1-65

I. OPERATOR
 Operator
 Address
 Reason(s) for filing (check one or box)
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain)

If change of ownership give name
 and address of previous owner

B. DESCRIPTION OF WELL AND LEASE

Lease Name
 Location
 Unit Letter
 Feet From The
 Line of Section
 Township
 Range
 Kind of Lease
 State, Federal or Free
 Lease No.
 County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
 Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 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
 Sec.
 Twp.
 Rge.
 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)
 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

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.

Signature
 Title
 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 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 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.

NMCC(5) USCS(2) File
 MCA PARTNERS