

NEW MEXICO OIL CONSERVATION CO. SS.
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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator <i>Smith</i>	
Address <i>Box 1206</i>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/> <i>From Gas Dry to Producing</i>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) <i>This well has been completed from Gas ins. to producing as per Commission order No. R-2403</i>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>MCA Unit Bly 4</i>	Well No. <i>144</i>	Pool Name, Including Formation <i>Mals. G - SA</i>	Kind of Lease State, Federal or Fee	Lease No. <i>LC-058698(2)</i>
Location				
Unit Letter <i>E</i>	<i>1980</i>	Feet From The <i>North</i>	Line and <i>660</i>	Feet From The <i>West</i>
Line of Section <i>26</i>	Township <i>17-S</i>	Range <i>32-E</i>	, NMPM, <i>Lea</i> , 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"/> <i>Namajo Pipe Line Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>No. Freeman one, Artesia New Mexico</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Malsinas Shelling Plant</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1206 Malsinas, New Mexico</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>A</i>	Sec. <i>26</i>
	Twp. <i>17-S</i>	Rge. <i>32-E</i>
	Is gas actually connected? <i>Yes</i>	
	Where <i>N/A</i>	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <i>Converted to Prod. 8-16-70</i>	Date Compl. Ready to Prod. <i>8-16-70</i>		Total Depth <i>4112'</i>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <i>3964 DF</i>	Name of Producing Formation <i>San Andres</i>		Top Oil/Gas Pay <i>3852</i>		Tubing Depth <i>4090'</i>			
Perforations <i>OH</i>					Depth Casing Shoe <i>3536</i>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>No change</i>	<i>17 1/2"</i>		<i>20'</i>		<i>25</i>			
<i>No change</i>	<i>5 1/2"</i>		<i>3536'</i>		<i>200</i>			
	<i>2 3/8</i>		<i>4090'</i>					

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 <i>8-16-70</i>	Date of Test <i>9-18-70</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 hours</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <i>5</i>	Water-Bbls. <i>17</i>	Gas-MCF <i>0</i>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

M.E. Hall
(Signature)
Adm. Supervisor
(Title)
9-24-70
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
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.

NMOC(5)
File

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HOBBS, N. M.