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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-111  
Effective 1-1-65

I. Operator  
Polaris Production Corp.  
Address  
P. O. Box 1749, Midland, Texas 79701  
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  
Shell Oil Company, P. O. Box 1810, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Priest Well No. 7 Pool Name, Including Formation Denton Devonian Kind of Lease State, Federal or Fee Fee  
Location  
Unit Letter B ; 330 Feet From The North Line and 2310 Feet From The East  
Line of Section 1 Township 15-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Amoco Production Co. Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1725, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Tipperary Corporation Address (Give address to which approved copy of this form is to be sent)  
500 W. Illinois, Midland, Texas 79701  
If well produces oil or liquids, give location of tanks. Unit C Sec. 1 Twp. 15-S Rge. 37-E Is gas actually connected? Yes When Unknown

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 Res'v. Diff. Res'v.  
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 (pitot, 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.  
Davis Payne  
President  
November 6, 1974

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 allowance 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 conditions.

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OIL CONSERVATION COMM.  
HOBBS, N. M.