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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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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 Mitchell #LC061434	Well No. 1	Pool Name, Including Formation Maljamar	Kind of Lease State, Federal or Fee Federal	Lease No. LC061434
Location				
Unit Letter M	250	Feet From The S	Line and 250	Feet From The W
Line of Section 5	Township 17	Range 32	NMPM,	Lea 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"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) Drawer 1267, Ponca City, Okla. 74602	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 M	Sec. 5
	Twp. 17S	Rge. 32E
	Is gas actually connected? No	
	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 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.

Ryder Scott Management Company

G. F. Sowdy

(Signature)

Agent

(Title)

October 11, 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 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.



LTR



Job separation sheet

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the city government. The names are listed in alphabetical order, and each name is followed by the office to which he or she has been appointed. The list is as follows:

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator WATER FLOOD ASSOCIATES, INC. Lease MITCHELL

Well No. 1 Unit Letter M S 5 T 17 R 32 Pool MALJAMAR

County LEA Kind of Lease (State, Fed. or Patented) FED.

If well produces oil or condensate, give location of tanks: Unit M S 5 T 17 R 32

Authorized Transporter of Oil or Condensate CONTINENTAL PIPELINE COMPANY

Address P. O. Box 410, ARTESIA, NEW MEXICO

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas PHILLIPS PETROLEUM CORP.

Address BARTLESVILLE, OKLA. Date Connected 10/14/61

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership (xx) Other ()

Remarks: (Give explanation below)

CHANGE IN OWNERSHIP FROM KENNEDY OIL COMPANY TO WATER FLOOD ASSOCIATES, INC.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 14TH day of OCTOBER 19 61

By Karelina Hendrix

Approved _____ 19 _____

Title PRODUCTION CLERK

OIL CONSERVATION COMMISSION

Company WATER FLOOD ASSOCIATES, INC.

By _____

Address P. O. Box 376

Title _____

ARTESIA, NEW MEXICO