

DISTRIBUTION
ANTALP
ILL
S.G.S.
AND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PERORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-101 and C-110
Effective 1-1-65

Operator
INTERNATIONAL Oil Company
Address
Box 1160, Hobbs, New Mexico 88240
License(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)
To show dual pipeline
connection to battery
29502150 5-1-70

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name
MCA UNIT 2192
Well No.
41
Pool Name, including Formation
Bartolomeo Express
Kind of Lease
State, Federal or Fee
Federal
Lease No.
Location
Unit Letter
H
2530
Feet From The
NORTH
Line and
215
Feet From The
EAST
Line of Section
21
Township
17
Range
32
NMPM,
LEA
County

I. 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)
NABCO Pipe Line Co.
Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company Plant #60
Box 2123, Houston, Texas
If well produces oil or liquids,
give location of tanks.
Unit
D
Sec.
28
Twp.
17
Rge.
32
Is gas actually connected?
Yes
When
NA

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)

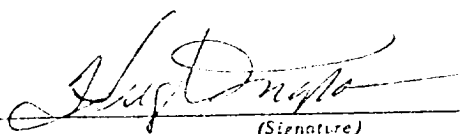
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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)

Administrative Services Chief
(Title)

5-12-70
(Date)

Notice (3) USGS (2) File
Pro PARTNERS

OIL CONSERVATION COMMISSION

APPROVED
MAY 15 1970, 19

BY
John W. Runyan

TITLE
District

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.