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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator: Consolidated Oil Co.
Address: P.O. Box 460 Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well
Recompletion
Change in Ownership
Change in Transporter of: Oil / Dry Gas / Casinghead Gas / Condensate
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Martin Estate Well No. 6-SA
Pool Name, Including Formation: Maljamar Grayburg San Andres
Kind of Lease: State / Federal / Fee
Location: Unit Letter P; 660 Feet From The South Line and 1980 Feet From The East Line
Section 22 Township 17 S Range 32 E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil: Navajo Refining Co.
Address (Give address to which approved copy of this form is to be sent): Box 159 Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas or Dry Gas: Cons. Tex. Hill Gas Gathering Corp.
Address (Give address to which approved copy of this form is to be sent): 1100 Mercantile Dallas, Texas 75201
If well produces oil or liquids, give location of tanks: Unit C Sec. 27 Twp. 17 S Rge. 32 E
Is gas actually connected? When? No

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 (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)

OIL WELL

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.

(Signature)
(Title)
(Date)

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 allowable on new and recompleted wells.

Fill only Sections I, II, III, and VI for changes of owner, well name or number, transporter, or other such changes.

Separate Forms C-104 must be filed for each pool in multiple completions.