

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-1
Effective 1-1-65

| | | |
|------------------|-----|--|
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

I. Operator
C & K PETROLEUM, INC.

Address
607 Midland National Bank Bldg. Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
PLACED AFTER 10/8/75
UNLESS AN EXCEPTION TO R-4870
IS OBTAINED.

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|---------------|---|--|
| Lease Name Shipp "34" A | Well No. 1 | Pool Name, Including Formation Casey (Strawn) R-5124 | Kind of Lease State, Federal or Fee Fee |
| Location Unit Letter C ; 1980 Feet From The West Line and 660 Feet From The North Line of Section 34 , Township 16S Range 37E , 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"/> Western Crude Oil, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1142, Midland, Tex. 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation | Address (Give address to which approved copy of this form is to be sent) 500 West Illinois, Midland, Tex. 79701 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 34 | Twp. 16S | Rge. 37E | 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 6-17-75 | Date Compl. Ready to Prod. 8-8-75 | Total Depth 11,500 | | P.B.T.D. 11,434 | | | | | |
| Pool Casey | Name of Producing Formation Strawn | Top Oil/Gas Pay 11,390 | | Tubing Depth 11,325 | | | | | |
| Perforations 11,390-11,400 | | | | Depth Casing Shoe 11,581 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 17-1/2" | 13-3/8" | | 375 | | 400 sx. - circ. | | | | |
| 11" | 8-5/8" | | 4,195 | | 650 sx. - | | | | |
| 7-7/8" | 5-1/2" | | 11,581 | | 1275 sx. | | | | |

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 8-8-75 | Date of Test 8-8-75 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 | Tubing Pressure 565 | Casing Pressure Pkr. | Choke Size 20/64" |
| Actual Prod. During Test | Oil-Bbls. 480 | Water-Bbls. -0- | Gas-MCF 575 |

GAS WELL

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

Administrative Supervisor

(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 out Sections I, II, III, and VI only 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 multiple completed wells.