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

AMENDED REPORT  
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  
Mathis, Spencer & Huxson

Address  
P.O. Box 953, 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Clayton Well No. 1 Pool Name, including Formations ~~Undesignated~~ Kind of Lease State, Federal or Fee Fee Lease No.

Location  
Unit Letter L 1980 Feet From The E Line and 660 Feet From The W  
Line of Section 22 Township 25-S Range 23-E, NMPM, 100 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"/> Russo Production Co. (Tulsa)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1353, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 Sec. Twp. Rge. Is gas actually connected? 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 12-7-75	Date Compl. Ready to Prod. 1-17-76	Total Depth 10,350	P.B.T.D. 10,320
Elevations (DF, RKB, RT, GR, etc.) 6390 CL	Name of Producing Formation <del>Permian</del>	Top Oil/Gas Pay 9750	Tubing Depth 9750
Perforations 9774-76-78-80-82			Depth Casing Shoe 10,257

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	2 3/8"	9750	
10 1/2"	12 3/4"	352	425
12 1/2"	8 5/8"	4235	350
7 7/8"	4 1/2"	10257	300

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 1-25-76	Date of Test 1-25-76	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hrs.	Tubing Pressure 6350	Casing Pressure <del>Permian</del> Choke Size 14/64
Actual Prod. During Test 324	Oil-Bbls. 324	Water-Bbls. 0 Gas-MCF 300

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.

Lillian Jones  
(Signature)  
Agent  
2-2-76  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Larry Skpton  
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