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U.S.G.S.		
LAND OFFICE		
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
Mathis, Spencer & Hutson
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)
**CASINGHEAD GAS MUST NOT BE
FILED AFTER 3/26/76
UNLESS IN EXCEPTION TO B-4070
IS OBTAINED**

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 Formation **Undesignated** Kind of Lease **Fee** Lease No.
Location
Unit Letter **L** **1980** Feet From The **S** Line and **660** Feet From The **N**
Line of Section **22** Township **15-S** Range **33E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Amoco Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 591, Tulsa, Okla 74102
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
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 **L** Sec. **22** Twp. **15-S** Rge. **33E** 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" 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.
Date Spudded 12-7-75	Date Compl. Ready to Prod. 1-17-76		Total Depth 10,260		P.B.T.D. 10,213			
Elevations (DF, RKB, RT, GR, etc.) 4190 GL	Name of Producing Formation Permian		Top Oil/Gas Pay 9770		Tubing Depth 9758			
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
17 1/2"	2 3/8"	9758	
11 "	12 3/4"	382	425
11 "	8 5/8"	4235	250
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 1-26-76	Date of Test 1-26-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 685#	Casing Pressure Backer	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.

Leelan Jones
(Signature)
Agent

(Title)

1-27-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY **James A. Taylor**

TITLE **SUPERVISOR DISTRICT 1**

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.