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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-11  
Effective 1-1-65

I. Operator  
**Charles B. Gillespie, Jr.**  
Address  
**P.O. Box 8 Midland, Texas 79702**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other **CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/1/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Snyder 'F'</b>	Lease No.	Well No. <b>2</b>	Pool Name, including Formation <b>Townsend Perm Upper Perm</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>D</b> ; <b>1116</b> Feet From The <b>North</b> Line and <b>350</b> Feet From The <b>West</b> Line of Section <b>5</b> Township <b>16-S</b> Range <b>36-E</b> , NMFM, <b>Lea</b> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183 Houston, Texas 77001</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <del>Warren Petroleum Corporation</del>	Address (Give address to which approved copy of this form is to be sent) <del>P.O. Box 1589 Tulsa, Oklahoma 74102</del>		
If well produces oil or liquids, give location of tanks. Unit <b>C</b> Sec. <b>5</b> Twp. <b>16S</b> Rge. <b>36E</b>	Is gas actually connected? <b>Yes</b>	When <b>Unknown</b>	

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) <b>X</b>	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" 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 <b>7-25-84</b>	Date Compl. Ready to Prod. <b>9-15-84</b>	Total Depth <b>10780'</b>	P.B.T.D. <b>10737'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3947.9 GR</b>	Name of Producing Formation <b>Wolfcamp</b>	Top Oil/Gas Pay <b>10606'</b>	Tubing Depth <b>10504'</b>
Perforations <b>10606-10614, 10626-10640, 10654-10663, 10670-10680</b>			Depth Casing Shoe <b>10780'</b>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE <b>17 3/4"</b>	CASING & TUBING SIZE <b>13 3/8" 54.50#</b>	DEPTH SET <b>358'</b>	SACKS CEMENT <b>400 sx circ.</b>
<b>11"</b>	<b>8 5/8" 24-28-32#</b>	<b>4736'</b>	<b>1960 sx circ.</b>
<b>7 7/8"</b>	<b>5 1/2" 17#</b>	<b>10780'</b>	<b>840 sx</b>
<b>5 1/2"</b>	<b>2 3/8" J-55 4.7#</b>	<b>10604'</b>	

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)

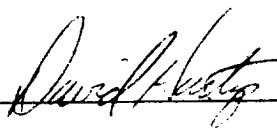
Date First New Oil Run To Tanks <b>9-22-84</b>	Date of Test <b>9-25-84</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>----</b>	Casing Pressure <b>----</b>	Choke Size <b>----</b>
Actual Prod. During Test	Oil-Bbls. <b>70</b>	Water-Bbls. <b>----</b>	Gas-MCF <b>133</b>

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.

  
(Signature)  
Engineer  
(Title)  
10-1-84  
(Date)

OIL CONSERVATION COMMISSION

OCT - 3 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ ORIGINAL SIGNED BY \_\_\_\_\_  
DISTRICT SUPERVISOR  
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 completed wells.