

DISTRIBUTION			
SANTA FE			
FIRE			
N.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 **Target Production Company**
Address **Box 922, Lovington, New Mexico 88260**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Gas ☐
Recompletion ☐ Casinghead Gas ☐ Other (Please explain) _____
Change in Ownership ☐
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Cockburn Federal** Well No. **1** Pool Name, including location **Corbin Queen** Kind of Lease **Fed.** Lease No. **NM 04242**
Location Unit Letter **I** **1650** Feet From The **South** **330** Feet From The **East**
Line of Section **33** Township **17S** Range **33E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ **Navajo Refining Co.** (Give address to which approved copy of this form is to be sent) **R. Freeman Ave., Artesia, N.M. 88210**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
If well produces oil or liquids, give location of tanks. Unit **J** Sec **33** Twp **17S** R **33E** Is it hydraulically connected? _____ When _____

IV. COMPLETION DATA
Designate Type of Completion - (X) _____ Oil Well _____ Gas Well _____
Date Spudded _____ Date Compl. Ready to Prod. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____
Perforations _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be over 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 _____ Date of Test _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Casing Size _____
Actual Prod. During Test _____ Oil-Bbls. _____ Gas-MCF _____

GAS WELL
Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Casing 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.
John W. Wilson (Signature)
President (Title)
Dec. 7, 1973 (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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.