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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

Operator Dallas McCasland	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Effective March 1, 1973	

If change of ownership give name and address of previous owner **Cities Service Oil Co., 800 Vaughn Bldg., Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE		LC-029489 B	
Lease Name Corbin "A"	Well No. 2	Pool Name, Including Formation Maljamar GB-SA	Kind of Lease State, Federal or Fee Federal
Lease No. Above			
Location			
Unit Letter B	660	Feet From The North Line and 1980	Feet From The East
Line of Section 3	Township 18 S	Range 33 E	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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701
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 N
	Sec. 33
	Twp. 17S
	Rge. 33E
	Is gas actually connected? <input type="checkbox"/> 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 type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deeper <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation
Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe
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 after recovery of total volume of lead 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
Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure
Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.
Water-Bbls.	Gas-MCF

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.	
Donna Holles (Signature) Agent (Title) 3/15/73 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED 3/15/73 , 19	
BY Joe D. Ramey Orig. Signed by Dist. 1-1-73	
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.	