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U.S.G.S.	
LAND OFFICE	
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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 Leo R. Sutton	
Address P. O. Box 1266, Maljamar, New Mexico 88264	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **H. R. Denius, et al., Box 565, Artesia, New Mexico 88210**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Corbin Federal	Well Name, including Formation 4 Corbin Yates	Kind of Lease State, Federal or Federal	Lease No. 029489(A)
Location Unit Letter J 1980 Feet From Top South 1980 Feet From The East Line of Section 9 Township 18 S Range 33 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent.) Texas-New Mexico Pipe Line Co. Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent.) None
If well produces oil or gas, give location of tanks. Oil ☐ Sec. 33 Twp. 17S Rge. 33E	Are you actually connected? ☐ No

If this production is commingled with that from any other lease or pool, give commingling order number: **9**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Flow Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Comp't. Ready to Prod.		Total Depth					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Net Oil/Gas Pay					
Perforations		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 load oil and may 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	Coke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Volume of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Coke 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.

Leo R. Sutton
(Signature)
Operator
(Title)
Sept. 20, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 20 1972** 19

BY **Joe D. Ramsey**
Dist. I, Supv.

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.

DECLASSIFIED

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

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