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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER - OIL
GAS
OPERATOR
PRODUCTION 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

JUL 1 8 33 AM '66

1. OWNER Secony Mobil Oil Company, Inc.	
2. O. Box 1800, Hobbs, New Mexico 88240	
Reasons for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Workover <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Other (Please explain) Change Name & Well No. due to unitization. Old Name: D. Swigart #1

If change of ownership give name and address of previous owner: Joseph I. O'Neill,

II. DESCRIPTION OF WELL AND LEASE	
Well No.	Pool Name, including Formation
E-K Queen Unit Tract 12	1 E-K Yates Seven Rivers Queen
Kind of Lease	State, Federal or Fee
Location	Fee
Unit Letter	K
1650	Feet From The South
Line and	2310
Feet From The	West
Line of Section	13
Township	18-S
Range	33-E
NMCM,	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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Company	Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - Flared	
If well produces oil or liquids, give location of tanks.	Unit
	Sec.
	Twp.
	Rge.
	Is gas actually connected?
	When
	K
	13
	18-S
	33-E
	No

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
	Gas Well
	New Well
	Workover
	Deepen
	Plug Back
	Same Res'tv.
	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.
	Total Depth
	P.S.T.D.
Pool	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 ON 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	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
	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.	
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 Sections I, II, III, and VI only 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	
Group Supervisor	
(Signature)	
(Title)	
December 30, 1965	
(Date)	