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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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. **OWNER**
ECOCONY MOBIL OIL COMPANY, INC.
Address
P. O. Box 1800, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Production ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) Change Name & Well No. due to unitization
Old Name: Federal "T" Well No. 6
If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name: E. K. Queen Unit Tract 6 Well No.: 6 Pool Name, including Formation: Queen Kind of Lease: State, Federal or Fee: Federal
Location
Unit Letter: C 660 Feet From The North Line and 1879 Feet From The West
Line of Section: 19 Township: 18-S Range: 34-E NE4PM Lea County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2130, Hobbs, New Mexico
If well produces oil or liquids, give location of tanks. Unit: D Sec.: 19 Twp.: 18-S Rge.: 34-E Is gas actually connected? yes 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.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** (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)

OIL WELL
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.
Group Supervisor
December 29, 1965

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 completed wells.