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U.S.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

Operator MORANCO	
Address P. O. Box 1860, 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"/>
Change in operator name <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) Change of name of operator	

If change of ownership give name and address of previous owner Previous operator name R. M. Moran Box 1919, Hobbs, N.M.

Lease Name Hardin B		Well No. 1	Pool Name, Including Formation Hobbs		Kind of Lease State, Federal or Fee	Lease No. fee
Location						
Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u>						
Line of Section <u>18</u> Township <u>18</u> Range <u>38</u> , NMPM, <u>Lea</u> County						

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)	
Shell Pipe Line								
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>							Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When		
	E	18	18	38	yes			

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

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.							
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					

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			

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)		Choke Size	

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.

[Signature]
(Signature)

Agent _____
(Title)

March 13, 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 logs 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 Form C-104 must be filed for each pool in multiply completed wells.