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TRANSPORTER	<input type="checkbox"/> OIL <input checked="" type="checkbox"/> 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

I.

Operator	Carter Oil Company		
Address	P. O. Box 249, Hobbs, New Mexico 88240		
Reason(s) for filing	<input checked="" type="checkbox"/> Check proper box. <input type="checkbox"/> Other (Please explain)		
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"/> Gashead Gas	<input type="checkbox"/> Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner: Midwater Oil Company, P. O. Box 249, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State "A"	Sec. No. 2	Tr. No. 1	Name, including Formation	Section	State	Lease No.	
Location	State "A"							
Unit Letter	I	1650	Feet From The	South	Line and	330	Feet From The	East
Line of Section	7	Township	13S	Range	35E	County	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 Pipeline Co.		Box 1510, Midland, Texas				
Name of Authorized Transporter of Gashead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Co.		Phillips Bldg., Odessa, Texas				
If well produces oil or liquids, give location of tanks.	Oil	Sec.	Twp.	Range	Is it actually connected?	Yes
	1	7	13	35		Yes

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 for Full Depth Test
Date Spudded	Date Compl. Ready to Prod.	Total Depth	S.B.P.D.				
Elevations (T.P., R.A.R., R.P., etc.)	Name of last drilling formation	Top of formation	Total 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 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 (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.

P. E. Wade
(Signature)
Area Superintendent

(Title)
September 30, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY J. L. Roney
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.