

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

TA	FE		
G.S.			
D OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Llano, Inc.
Address
P. O. Drawer 1320, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Other (Please explain)
Effective: December 21, 1973
If change of ownership give name and address of previous owner Clinton Oil Company, 217 North Water, Wichita, Kansas 67202.

II. DESCRIPTION OF WELL AND LEASE
Lease Name Greenwood
Pre-Grayburg Oper. Area
Well No. 1
Pool Name, including Formation Lusk Strawn
Kind of Lease
State, Federal or Fee Federal
Lease No. LC 071856
Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East
Line of Section 7 Township 19 South Range 32 East , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Continental Oil Company
Address (Give address to which approved copy of this form is to be sent)
Box 460, Hobbs, New Mexico 88240
Phillips Petroleum Company
Phillips Building, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks. Unit B Sec. 7 Twp. 19-S Rge. 32-E
Is gas actually connected? Yes When 12-18-69 2-4-65

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.
Elevations (DF, RKB, RT, GR, 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

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 (pitot, 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.
Donald L. Farley
Vice President-Planning and Development
December 21, 1973

OIL CONSERVATION COMMISSION
APPROVED DEC 21 1973, 19
BY Joe W. Ramsey
TITLE Dist. I. Secy.
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.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
ANTA FE	
FILE	
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

70 JUN 30 1970

Operator CLINTON OIL COMPANY - OPERATING DIVISION	
Address 217 NORTH WATER, WICHITA, KANSAS 67202	
Reason(s) for filing (Check proper box)	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"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Pan American Petroleum Corp., Box 68, Hobbs, New Mexico**

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name Greenwood	Well No. 1	Pool Name, including Formation Lusk Strawn	Kind of Lease Federal
Pre-Grayburg Oper. Area		State, Federal or Fee	
Location			
Unit Letter B	660 Feet From The North Line and 1980 Feet From The East		
Line of Section 7	Township 19-S	Range 32-E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas-New Mexico Pipeline Co.		
Box 1510, Midland, Texas		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Continental Oil Co.		
Box 460, Hobbs, New Mexico		Phillips Bldg., Odessa, Texas	
Phillips Petroleum Co.	Unit B	Sec. 7	Twp. 19
If well produces oil or liquids, give location of tanks.	32	Is gas actually connected? Yes	When 12-18-64 2-4-65

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

COMPLETION DATA		Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.							
Elevations (DF, RKB, RT, GR, 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						

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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				

VII. 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.

M. L. Aisenbrey
Prod. Clerk.

M. L. Aisenbrey
(Signature)

6-27-70
(Date)

OIL CONSERVATION COMMISSION

JUL 2 1970

APPROVED _____

BY **Supervisor**

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