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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I.

II.

III.

IV.

VI.

Agent

**12-**1-75

(Title)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Address Texo Of	11 Company		
	had made made made	7(200	
Reason(s) for filing (Check proper	ox 4436, Wichita Falls, Tex		
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion			
Change in Ownership	Oil Dry Go Casinghead Gas Conder		
Shange in Ownership	Cashqued Gas Conde	insure	
If change of ownership give name and address of previous owner	e		
DESCRIPTION OF WELL AN		me, Including Formation	Kind of Lease
			·
Buffalo Unit Location	561528 8 So. 0	orbin Queen (Penrose	State, Federal or Fee Federal
	000	Sand)	·
Unit Letter <b>H</b> ; 1	980 Feet From The North Lir	ne and 660 Feet From	The <b>East</b>
Line of Section 34	Township 18S Range 33	E , NMPM, Lea	County
	ORTER OF OIL AND NATURAL GA		
Name of Authorized Transporter of	<del></del>	Address (Give address to which appro	,
Miller Oil Purchasi		P.O. Box 1308, Jackson	Mississippi 39205
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	an
If well produces oil or liquids, give location of tanks.	B 34 188 33E	is gas estably estimated.	
		<del>                                     </del>	
	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Comple	etion = (X)		1 1 1
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 (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod, During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			4
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
		<u> </u>	
CERTIFICATE OF COMPLIA	ANCE	OIL CONSERVA	TION COMMISSION
		nec 8	Th. 1 1 25
	nd regulations of the Oil Conservation	APPROYED 131.00	, 19
Commission have been complied	d with and that the information given the best of my knowledge and belief.	la dances state	
apove is true and complete to	The best of my knowledge and better.	SUPERVISO	R DISTRICT T
/ 1_	I/I	TITLE	
		This form is to be filed in	compliance with RULE 1104.
11 deces	Jon S		vable for a newly drilled or deepened
the gent est	ignature)	well, this form must be accompa	dence with BULL 5 111

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.

KEDENTED

FFC 8 **197**5

ON COMSERVATION COMM.

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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			_
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION

FILE	REQUEST	FOR ALLOWABLE, D. C. am	Supersedes Old C-104 and C-1	
U.S.G.S.	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	AL GAS	
TRANSPORTER		1M1 C2 11	59 AM 769	
GAS				
OPERATOR				
I. PRORATION OFFICE Operator				
TEXO OIL COGNID				
Address				
728 Pirst Wichit	a National Bldg., Wichita	Falls, Texas		
Reason(s) for filing (Check proper	box)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry G	as		
Change in Ownership	Casinghead Gas Conde	ensate		
If change of ownership give name and address of previous owner	e			
II. DESCRIPTION OF WELL AN				
Buffalo Unit		ame, Including Formation	Kind of Lease	
Location	an (42) 4 0 50	uth Corbin Queen	State, Federal or Fee Federal	
Unit Letter .	1090	44-		
Unit Letter	1980 Feet From The Li	ne and <u>660</u> Feet F	rom TheBast	
Line of Section	Township 188 Range	, NMPM,	County	
		, 141011 1017	County	
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of	Oil or Condensate		pproved copy of this form is to be sent)	
F-1 176.6				
Name of Authorized Transporter of	- 7/	Address (Give address to which a	pproved copy of this form is to be sent)	
Continental Oil		Ponca City, Oklahom	a 74601	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	B 34 188 331	<b>yes</b>	1/1/69	
If this production is commingled	with that from any other lease or pool,	give commingling order number:	none	
V. COMPLETION DATA				
Designate Type of Comple	tion - (X) Oil Well Gas Well	New Well Workover Deeper	Plug Back   Same Restv. Diff. Restv.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
2 ato spaced	Date Compi. Reddy to Flod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
, , , , , , , , , , , , , , , , , , , ,	,	100 0.17 0.05 1 47	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours)		
Date First New Oil Run 10 Idnks	Date of lest	Producing Method (Flow, pump, go	is (ift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Cabing 1 resoure	Chore Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	
' <u></u>		<u> </u>		
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	
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION	
			The state of the s	
I hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED	19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY THE	Mules	
	,			
$\Lambda$		TI/LE/	To the second se	
(Signature) well.		This form is to be filed	in compliance with RULE 1104.	
		If this is a request for a	llowable for a newly drilled or deepened	
		well, this form must be accordant tests taken on the well in accordant	mpanied by a tabulation of the deviation	
Agent			must be filled out completely for allow-	
	Title)	able on new and recompleted	· · · · · · · · · · · · · · · · · · ·	
May 20, 1969	Durant		, II, III, and VI for changes of owner,	
(Date)		well name or number, or transporter, or other such change of condition.		

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.