

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA 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

Operator ROY H. SMITH DRILLING CO.	
Address 728 First Wichita National Bldg., Wichita Falls, Texas	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo Unit	Lease No. NM 01177-A	Well No. 8	Pool Name, Including Formation South Corbin-Queen	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter H	1980 Feet From The North Line and 660 Feet From The East			
Line of Section 34	Township 18S	Range 33 E	, NMPM, Lea County County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pernian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) None	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 34
	Twp. 18S	Rge. 33E
	Is gas actually connected? none	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9/6/66	Date Compl. Ready to Prod. 10/5/66		Total Depth 4555'		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 3780 OL, 3792KB, 3791DF	Name of Producing Formation Pennsae Sand		Top Oil/Gas Pay 4499 - 4512		Tubing Depth 4480'			
Perforations Perforated 4499 - 4512, with fifteen shots					Depth Casing Shoe 4555'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		266'		225 sx cement circ.			
7 7/8"	4 1/2"		4555'		250 sx Class A, 44 gal			
					100 sx Class A, 24 gal			

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 10/5/66	Date of Test 10/6/66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 500	Casing Pressure 300	Choke Size 20/64
Actual Prod. During Test 61 bbls.	Oil - Bbls. 61	Water - Bbls. -0-	Gas - MCF -0-

GAS WELL

Actual Prod. Test-MCF/D None	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.

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 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.

JOE SANFT

(Signature)

Production Superintendent

(Title)

October 14, 1966

(Date)