

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

11/21/67

I. Operator
Antec Oil & Gas Company
Address
P. O. Box 837, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Gas is metered by Antec prior to entry into Southern Union's system.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal MA Cem	Well No. 2	Pool Name UNDESIGNATED	Kind of Lease State, Federal or Fee Federal	Lease No. FM 0997
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 21 Township 18S Range 33E , NMPM, Los County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corp.	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 checked="" type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower, Dallas, Texas			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21	Twp. 18	Rge. 33
Is gas actually connected?		When August 4, 1967		

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 type="checkbox"/>	Gas Well <input checked="" 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 April 24, 1967	Date Compl. Ready to Prod. July 28, 1967		Total Depth 13,463 (KB)		P.B.T.D. 13,436 (KB)			
Elevations (DF, RKB, RT, GR, etc.) 3842 KB, 3826 GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,218 (KB)		Tubing Depth 13,414 (KB)			
Perforations 13,218-34, 13,258-70, 13,370-78, 13,412-24 (KB)					Depth Casing Shoe 13,461 (KB)			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17-1/2	CASING & TUBING SIZE 13-3/8		DEPTH SET 349		SACKS CEMENT 300 sxs			
11	8-5/8		4,984		900 sxs			
7-7/8	5-1/2		13,461		1000 sxs			

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 3,430	Length of Test 24 hours	Bbls. Condensate/MMCF 39.94	Gravity of Condensate 56
Testing Method (pitot, back pr.) Orifice Meter	Tubing Pressure (shut-in) 4200	Casing Pressure (shut-in) Packer	Choke Size 14/64

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.

original signed by:
LESTER L. DUKE

Lester L. Duke (Signature)
District Superintendent (Title)

August 22, 1967 (Date)

OIL CONSERVATION COMMISSION

APPROVED

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.