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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

I. Operator

Chas. E. Seed

Address

P/A Union Bldg. Lovington Highway, Hobbs, New Mexico 88240

Reason(s) for filing *(Check proper box)*

Other *Please explain,*

New Well [X]

Recompletion [ ]

Change in Ownership [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Seed Section 30-State	7	Undesignated	State, Federal or Fee State	3071

Location

Unit Letter K : 2302.5 Feet From The West Line and 23[illegible].5 Feet From The South

Line of Section 30 Township 18S Range 36E NMPM, 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)*

Shell Pipe Line

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ] Address *(Give address to which approved copy of this form is to be sent)*

If well produces oil or liquids, give location of tanks. Unit K Sec. 30 Twp. 18S Rge. 36E Is gas actually connected? 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 X	Gas Well	New Well	Workover	Deepen 50	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth [illegible]			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
6 1/2"	7"	[illegible]	2 sacks

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*
February 1966		Flow

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	None	None	None

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
10 hrs	5 bbls.	5 bbls.	None

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

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.

Chas. E. Seed
(Signature)

(Title)

(Date)

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.