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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
Tom Schneider
Address
509 West Texas, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Declass from water well to oil well

If change of ownership give name and address of previous owner
Amerada Petroleum Corporation, Box 668, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. D. McKinley	Lease No. 7	Well No. UNDESIGNATED	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter F ; 2590 Feet From The N Line and 2590 Feet From The W Line of Section 30 Township 18 Range 38, NMPM, Lea 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"/> Atlantic Fichfield Co.	Address (Give address to which approved copy of this form is to be sent) Hobbs, New Mexico	
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)	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 30
	Twp. 18	Rge. 38
	Is this naturally connected? No	
	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"/>	Flow Well <input type="checkbox"/>	Work-over <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Gene Repts. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-16-65	Date Compl. Ready to Prod. 12-18-65	Total Depth 37'		F.B.T.D. -					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Ogallala	Top Oil/Gas Pay 28'		Tubing Depth 20'					
Perforations OH 19-27'	Depth Casing Shoe 19'								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 8"	CASING & TUBING SIZE 7" / 2 3/8"		DEPTH SET 15' / 30'		SACKS CEMENT 1 1/2 yrd				

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 12-19-65	Date of Test 12-19-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 10.68	Oil-Bbls. 5.34	Water-Bbls. 5.34	Gas-MCF Nil

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

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.


(Signature)
Partner & Agent
(Title)
December 15, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 18 1967, 19
BY ORIGINAL & THREE COPIES
TITLED BY MR. J. E. CLARK
REGISTERED DISTRICT NO. 1

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.

