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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

NOV 7 1969

I. Operator
TEKO OIL COMPANY

Address
728 1st. Wichita National Bldg., Wichita Falls, Texas 76301

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo Unit	Well No. 01177-A	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter L	2310	Feet From The South	Line and 330
Feet From The West			
Line of Section 35	Township 18S	Range 33E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> SUMMIT TRANSPORTATION COMPANY.	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1206, Maljamar, New Mexico 88264
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'tv.	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded 7-12-69	Date Compl. Ready to Prod. 7-18-69		Total Depth 4685'		P.B.T.D.			
Pool 3781 GR	Name of Producing Formation Basal Penrose		Top Oil/Gas Pay 4584'		Tubing Depth 4506'			
Perforations 4584 - 94', 4613 - 18'; 4633 - 35'					Depth Casing Shoe 4685'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 9 5/8" 4 1/2"		DEPTH SET 250' 4685'		SACKS CEMENT 150 sk. 300 sk			

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 1,710	Length of Test 24 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate --
Testing Method (pitot, back pr.) pitot	Tubing Pressure 350	Casing Pressure -0-	Choke Size 3/4"

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.

ROY H. SMITH, President
(Signature)
August 14, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED **NOV 7 1969**
BY **Sol. J. Smith**
TITLE **SUPERVISOR DISTRICT**

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 Sections I, II, III, and VI only 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.