

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

Name Charles E. Seed	
Address c/o Huston Ranch, Lovington Highway, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well ☒	Change in Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Seed Section 30-State	Well No. Pool Name, including Formation 5 Undesignated	Kind of Lease State, Federal or Fee State	Lease No. 3071
Location			
Unit Letter ☒	2557.5 Feet From The West Line and	18.7.5 Feet From The South	
Line of Section 30	Township 18S	Range 38E	County Lea

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 ☒ Sec. 30	Twp. 18S	Range 38E	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 ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'tv. ☐	Diff. Res'tv. ☐
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
		45'						
Elevations (DF, RKB RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations		Depth Casing Shoe						
TUBING, Casing, and Cement								
HOLE SIZE	CASING & TUBING SIZE	CEMENT SET	SACKS CEMENT					
6 1/2"	7"		2 sacks					

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 December 1967	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure None	Casing Pressure None	Choke Size None
Actual Prod. During Test 10 bbls.	Oil-Bbls. 5 bbls.	Water-Bbls. 5 bbls.	Gas-MCF None

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Gauge-12)	Casing Pressure (Gauge-12)	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.

Charles E. Seed
(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 5 1969
BY [Signature]
TITLE

This form is to be filed in compliance with RULE 1104.

When a well is requested for allowable for a newly drilled or completed well, the request 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