

DISTRIBUTION			
SA	TA FE		
FILE			
G.S.			
D 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  
**SONNY'S OIL FIELD SERVICE, INC.**  
Address  
**P. O. Box 1438 Hobbs, New Mexico 88240**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐  
Change in Ownership ☐ Casinghead Gas ☐

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hobbs State</b>	Well No. <b>3</b>	Pool Name, including <b>Hobbs San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No.
Location Unit Letter <b>1</b> <b>990</b> Feet From The <b>N</b> <b>1830</b> Feet From The <b>E</b> Line of Section <b>29</b> Township <b>18S</b> Range <b>38E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		
<b>The Permian Corp. Box 838 Hobbs</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			
If well produces oil or liquids, give location of tanks.			
Unit	Sec.	Twp.	Range

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Tubing Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be either secondary of total volume of load oil and must be equal to or exceed top allowable for this well or be for full 24 hours)


Date First New Oil Run To Tanks	Date of Test	Testing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>700</b>	Gas - Bbls.	Gas - MCF

GAS WELL

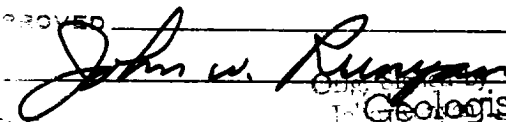
Actual Prod. Test-MCF/D	Length of Test	Gas - Bbls./MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

  
**President**  
(Title)  
**10/23/74**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
Geologist

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 taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowables 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.