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TYPE OF WELL	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORITY TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Oil C-104 and C-1
Effective 1-1-65

I.

Company	
Address	
Reason(s) for filing (Check proper box)	
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	Well Name, Class, Status, Holding Formation	Kind of Well	Lease No.
Bridges State	152 Vacuum interest, etc.	State, Federal or Foreign	State
Location	Unit Letter	179.5 Feet From The South Line and 172.0 Feet From The East	
Line of Section	Township	Range	N.M.P.M.

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)					
Southwest crude oil co.	P.O. Box 2487 Hobbs, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Northwestern Gas Co.	P.O. Box 2487 Hobbs, N.M. 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually transported?	When
	0	12	N	30E	Yes	7-19-71

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)	Completion	Completion	Completion	Completion	Completion	Completion	Completion
Date of Completion	Date of Completion	Date of Completion	Date of Completion	Date of Completion	Date of Completion	Date of Completion	Date of Completion
Elevations (DF, FRP, RT, GR, etc.)	Name of Producer	Feet from	Top of Gas Pay	Turning Point			
Perforations				Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND EFFICIENCY FOR ALL OIL WELLS

Date First New Oil Run To Tanks	Date of Test	Flowing 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flowing Method (Flow, pump, gas lift, etc.)	Tubing Pressure (lb./sq. in.)	Casing Pressure (lb./sq. in.)	Choke Size

VI. CERTIFICATION 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]
Operator
8-2-71

OIL CONSERVATION COMMISSION

APPROVED **AUG 4 1971**
BY *[Signature]*
SUPERVISOR DISTRICT I

This permit is issued in compliance with N.M.S. 190A.
It shall be valid for the life of the well and shall be subject to the provisions of the N.M.S. 190A and 190B.
All copies of this permit shall be filed with the Oil Conservation Commission.
Pay out only the fee in I, II, III, and VI for change of status.
Well permit records shall be kept on file for each well.
Copy to Permit Office must be filed for each permit.