

DISTRICT	
COUNTY	
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 OIL C-104 and C-110
Effective 1-1-65

Operator
Clarey Petroleum Corp.

Address
P.O. Box 2358, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☒	Casinghead Gas	☐	Condensate	☐

If change of ownership give name and address of previous owner **Teal Petroleum Company, P.O. Box 2358, Midland, Texas 79701**

DESCRIPTION OF WELL AND LEASE

Lease Name Shell State	Well No. 1	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. NM4160
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Location

East Corner **J** **1780** Feet From The **South** Line and **1980** Feet From The **East**

Line of Section **1** Township **17-S** Range **34-E** NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004

If well produces oil or liquids, give location of tanks.	Unit J	Sec. 1	Twp. 17-S	Rge. 34-E	Is gas actually connected? Yes	When December 1, 1972
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., R.R.B., RT, GR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Mary Lee Boswell
(Signature)
Agent
(Title)
10-1-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED **001 10 1976**, 19__

BY _____

TITLE _____

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 transportation or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.