

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Dallas McCasland	
Address c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, New Mexico 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Approval to store casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

LC-029489 (b)

Lease Name Corbin "A"	Well No. 4	Pool Name, including Formation Central Corbin Queen	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>18S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

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)
Texas-New Mexico Pipe Line Company	P. O. Box 2528, Hobbs, NM 88241
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. Twp. Rge. Is gas actually connected? When
	A 4 18S 33E No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Donna Hall
(Signature)
Agent
(Title)
11/17/86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 18 1986, 19_____
BY ORIGINAL SIGNED BY JERRY TUCKER
DISTRICT I SUPERVISOR
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 transporter, or other such change of condition.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Ditt. Res.
XX	XX			XX					

Date Spudded	10/9/86	Date Compl. Ready to Prod.	11/1/86	Total Depth	5000	P.B.T.D.	4864
Elevations (D.F., RKB, RT, CR, etc.)	4035	Name of Producing Formation	Queen	Top Oil/Gas Pay	4180	Tubing Depth	4460
Perforations	4180-4442	TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	12 1/4	CASING & TUBING SIZE	8 5/8	DEPTH SET	1500	SACKS CEMENT	700

12 1/4	8 5/8	1500	700
7 7/8	5 1/2	4983	1125
	2 3/8	4460	

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 sep allow-
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	11/1/86	Date of Test	11/16/86	Producing Method (Flow, pump, gas lift, etc.)	Pumping	Choke Size	
Length of Test	24 Hours	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test		Oil - Bbls.	80	Water - Bbls.	20	Gas - MCF	92

GAS WELL

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

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