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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
Superseding Old C-101 and C-11
Effective 1-1-65

Operator HEWITT, DONALD, & SONS	
Address BOX 1168, GRANT, TEXAS 76046	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	RECEIVED 11/1/77

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 'C'	Well No. 1	Pool Name, including Formation VACUUM GRABBY G-SAN ANDRES	Kind of Lease Lease, Federal or Fee STATE	Lease No. B-1398
Location Unit Letter C ; 1000 Feet From The SOUTH Line and 2210 Feet From The EAST Line of Section 19 Township 17S Range 35E , N.M.P.M. 28A County _____				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ PERMA-CON.	Address (Give address to which approved copy of this form is to be sent) BOX 1168, GRANT, TEXAS 76046	
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) PHILLIPS BLDG. DALLASVILLE, OKLA.	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 19
	Twp. 17S	Rge. 35E
	Is gas actually connected? YES	When 2/7/59

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't'n. Diff. H.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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 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)

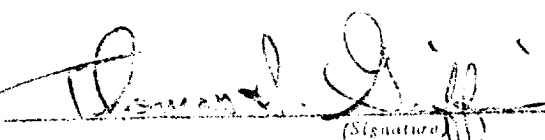
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, 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.



P.D. SUPT.
(Title)
9/20/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED **23 1977**, 19____
Orig. Signed by
DY **Jerry Sexton**
Dist. L. Supv.
TITLE _____

This form is to be filed in compliance with RULE 1102.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the available tests taken on the well in accordance with RULE 110.
All portions of this form must be filled out completely for allowable or non-allowable completion.
Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.