

NEW MEXICO RECEIVED
DISTRIBUTION
SANTA FE
FILE
WORKING
LAND OFFICE
TRANSPORTER
OPERATOR
REGISTRATION 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

Tenneco Inc. Drawer 728 Hobbs, N. M. 88240	
Reasons for filing (Check proper box)	Other (Please explain)
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	*To change well number from 4306 to 17

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease
*17	West Lovington	State, Federal or Fee
Location		
Section	1980	Feet From The
East	South	Line and
660	Feet From The	East
Range	36-E	County
17-S	Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designated Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Company	P. O. Box 1510 - Midland, Texas					
Designated Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company	P. O. Box 1135 - Eunice, New Mexico					
If well produces oil or liquid, provide name of tank.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	1	5	17-S	36-E	Yes	Unknown

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Name of Producing Formation	Tip Oil/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 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)

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

GAS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure
		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.

J. G. BREVINS, JR.  
ASST. DIST. SUPT.  
JUN 15 1965

Title

Date

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE #104.

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 Sections I, II, III, and VI only 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.