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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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
O.C.G.
2 53 PM '65

I. Operator
International Oil & Gas Corporation
Address
P. O. Box 427, Artesia, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Dual Completion: C-104 for Wolfcamp completion filed 11-13-65. Application for dual completion now pending.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Linan Federal	Well No. 1	Pool Name, Including Formation Wildcat Bone Spring	Kind of Lease Federal
Location Unit Letter I ; 660 Feet From The East Line and 1980 Feet From The South Line of Section 21 , Township 18S Range 32E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21	When Pending approval of Right of Way.

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-16-65	Date Compl. Ready to Prod. 11-13-65		Total Depth 11,747		P.B.T.D. 10,787			
Pool Wildcat	Name of Producing Formation Bone Spring		Top Oil/Gds Pay 8,708		Tubing Depth 8,700			
Perforations 8708'-8716'					Depth Casing Shoe 10,787'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8" OD		753'		575 sx, cem. circ.			
11 1/2	8 5/8" OD		3465'		1700 sx, cem. circ.			
7 7/8	5 1/2" OD		10787		400 sx, T/8300'			

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 11-15-65	Date of Test 11-26-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 22 hrs.	Tubing Pressure 350	Casing Pressure 1400	Choke Size 16/64
Actual Prod. During Test 195.6 bbls.	Oil-Bbls. 213.4	Water-Bbls. 0	Gas-MCF 260.8

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)

District Superintendent
(Title)

December 21, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 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.