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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
Supersedes Old C-101 and C-110
Effective 1-1-65

Operator	
Address	
Reason(s) for filing (check proper box)	
New Well	Change in Transporter of:
Recompletion	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate
Other (Please explain)	

If change of ownership give name and address of previous owner

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
YOUNG FEDERAL		5	YOUNG QUEEN	State, Federal or Fee	FED. RAL. ME 9016
Location					
Unit Letter		Feet From The	Line and	Feet From The	
Line of Section	Township	Range			County

Name of Authorized Transporter of Oil or Condensate		Address (Give address to which approved copy of this form is to be sent)	
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.
		H	19
		Twp.	Rge.
		18S	32E
		Is gas actually connected?	When
		NO	

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res'ty.	Perf. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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					

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	

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (gauge, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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

PROD. SUPR.

Date

OIL CONSERVATION COMMISSION

APPROVED

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 re-completed 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.

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SEP 1 1977

OIL CONSERVATION COMM.
HOBBS, N. M.