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U.S.G.S.		
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

I. Operator
Freeport Oil Company

Address
P. O. Box 52349 - New Orleans, Louisiana 70152

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/19/71 UNLESS AN EXCEPTION TO R-407 IS OBTAINED.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mattie Price	Well No. 6	Pool Name, Including Formation West Garrett (Devonian)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter G	2310	Feet From The East	Line and 1820	Feet From The North
Line of Section 6	Township 17S	Range 38E	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"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1027, Lovington, N.M. 88260	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 A	Sec. 6
	Twp. 17S	Rge. 38E
	Is gas actually connected? No	
	When	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded May 24, 1971	Date Compl. Ready to Prod. Aug. 19, 1971		Total Depth 12,951		P.B.T.D. 12,951			
Elevations (DF, RKB, RT, GR, etc.) 3729.3 GR, 3747 RKB	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,778		Tubing Depth			
Perforations Open hole 12,887 - 12,951		Bottom of casing corrected to log depth			Depth Casing Shoe 12,887			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		441		425			
11	8-5/8		5,163		430			
7-7/8	5-1/2		12,887		250			
	2-1/2		12,773					

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 Aug. 19, 1971	Date of Test Aug. 20, 1971	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 18 psi	Casing Pressure 0	Choke Size 17/64
Actual Prod. During Test 81	Oil-Bbls. 81	Water-Bbls. 0	Gas-MCF 7.3

GAS WELL

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

William J. Ford
(Signature)
Asst. Supt. Drilling & Production
(Title)
August 20, 1971
(Date)

OIL CONSERVATION COMMISSION
AUG 30 1971
APPROVED _____, 19____
BY **Joe D. Hines**
TITLE **SUPERVISOR DISTRICT I**

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.

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AUG 23 1971

OIL CONSERVATION COMM.
HOBBS, N. M.