

DISTRIBUTION  
SANTA FE  
FILE  
U.S.G.C.  
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-104 and C-110  
Effective 1-1-65

APPLCANT PRODUCTION COMPANY  
P. O. Box 9317, Fort Worth, Texas  
Reasons for Filing (Check proper box)  
Change in Transporter of:  
Oil  
Casinghead Gas  
Dry Gas  
Condensate  
Other (Please explain)  
Placed into Teas Yates Unit effective  
January 1, 1971-former lease name was  
Federal #91-now Tr. No.9

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Well No. Pool Name, Including Formation  
Kind of Lease Federal  
Teas Yates Unit Tr.9  
Teas Yates Seven Rivers  
State, Federal or Federal  
14  
990 Feet From The South Line and 2310 Feet From The West  
Twp. 20S Range 33E Lea County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil X or Condensate  
Address (Give address to which approved copy of this form is to be sent)  
Texas-New Mexico Pipe Line Company  
Box 1510, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas or Dry Gas  
Address (Give address to which approved copy of this form is to be sent)  
Is well producing oil or liquids,  
or combination of both?  
Unit Sec. Twp. Rge. Is gas naturally connected? When  
N 14 20S 33E NO

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 Reentry Diff. Reentry  
Date Compl. Ready to Prod. Total Depth  
Name of Producing Formation Top Oil/Gas Pay Trueing Depth  
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE  
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-  
able for this depth or be for full 24 hours)  
Oil Well  
Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Tubing Pressure Casing Pressure Choke Size  
Oil-Bois. Water-Bois. Gas-MCF  
GAS WELL  
Length of Test Bois. Condensate/MCF Gravity of Condensate  
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.  
M. J. Nelson  
District Superintendent  
January 15, 1971

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 allow-  
able 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 Form C-104 must be filed for each well in which