

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

1.

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Address **Anadarko Production Company**

Reason(s) **P.O. Box 806, Eunice, New Mexico 88231**

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

**Re-entry**

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNED FOR IT. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<b>Teas Yates Unit Tr. 14 2</b>	<b>2</b>	<b>Teas Yates Seven Rivers</b>	State, Federal or Fee	<b>Federal NM 2951</b>
Unit Letter <b>J</b>	<b>2310</b>	Feet From The <b>South</b> Line and <b>2310</b>	Feet From The <b>East</b>	
Line of Section <b>14</b>	Township <b>20S</b>	Range <b>33E</b>	NMPM, <b>Lea</b>	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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Texas New Mexico Pipeline Company</b>	<b>P.O. Box 1510 Midland, Texas 79701</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>H 14 20S 33E</b>	<b>No</b>

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod. <b>X</b>	Total Depth <b>X</b>						
Elevation <b>5-29-74</b>	Name of Producing Formation <b>10-8-74</b>	Top Oil/Gas Pay <b>3455'</b>				P.B.T.D. <b>3440'</b>		
Perforations <b>3602' DF</b>	<b>Yates</b>	<b>3212'</b>				Tubing Depth <b>3400'</b>		
<b>3212'-3334'</b>						Depth Casing Shoe <b>3455'</b>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>14-3/4"</b>	<b>10-3/4"</b>	<b>513</b>	<b>456 sks. Circ.</b>					
<b>7-7/8"</b>	<b>4-3/8"</b>	<b>3455</b>	<b>765 sks Circ.</b>					
	<b>2-3/8"</b>	<b>3340</b>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>8-28-75</b>	<b>4-3-75</b>	<b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>None</b>	Casing Pressure <b>None</b>	Choke Size <b>None</b>
<b>18</b>	<b>6</b>	<b>12</b>	<b>TSTM</b>

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

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.

**Area Supervisor**

**4-18-75**

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 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