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LAND OFFICE
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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-114
Effective 1-1-55

Reason(s) for filing (check appropriate)		Other (Please explain)	
New Well	Change in Transporter of:		
Re-completion	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in ownership	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			
Signature Oil Company, Box 240, 19000, New Mexico			

I. DESCRIPTION OF WELL AND LEASE		Well No.		Pool Name, including Formation		Kind of Lease		Lease	
Lease Name		88		Bumont Green		State, Federal or Fee		E274	
Section		B		660		Feet From The		North	
Line		35		Township		19S		Range	
Line		37E		County		19000		East	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil or Condensate		Address (Give address to which copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas		Dry Gas		Address (Give address to which copy of this form is to be sent)	
Well produces oil or liquids		Unit		Sec.	
give location of tanks		35		37	

V. COMPLETION DATA		Designate Type of Completion - (X)		Oil Well		Gas Well		New Well		Workover		Deepen		Hole Size		Date Ready to Prod.	
Date Added		Date Compl. Ready to Prod.		Total Depth		Hole Size		Top Oil/Gas Pay		Drilling Depth		Perforations		Depth Casing Shoe			

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

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL				(Test must be after recovery of total volume of liquid oil and must be equal to or exceed for allowable for this depth or be for full 24 hours)			
Date First New Production Starts		Date of Test		Producing Method (Flow, pump, gas lift, etc.)		Choke Size	
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		Gas-MCF	

GAS WELL							
Actual Prod. Test-MCF		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back p.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size	

VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
Signature		BY _____	
Title		TITLE _____	
Date		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.	