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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator RANDALL F. MONTGOMERY, OPERATOR				Lease BASS STATE		Well No. 1	
Unit Letter C	Section 18	Township 20-S	Range 33-E	County LEA			
Pool SALT LAKE				Kind of Lease (State, Fed, Fee) STATE			
If well produces oil or condensate give location of tanks			Unit Letter C	Section 18	Township 20-S	Range 33-E	
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> ADMIRAL CRUDE OIL CORPORATION				Address (give address to which approved copy of this form is to be sent) P. O. BOX 1713, Midland, Texas			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

Gas is TSTM - Vented

REASON(S) FOR FILING (please check proper box)

New Well ☐ Change in Ownership ☐
Change in Transporter (check one) Other (explain below)
Oil ☒ Dry Gas ☐
Casing head gas . ☐ Condensate.. ☐

Remarks

EFFECTIVE MAY 1, 1967

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **1st** day of **MAY**, 19**67**

OIL CONSERVATION COMMISSION		By R. F. Montgomery
Approved by		Title OPERATOR
Title		Company RANDALL F. MONTGOMERY, OPERATOR
Date		Address P. O. BOX 2215 HOBBS, NEW MEXICO 88240

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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-110
Effective 1-1-65

HOBBS OFFICE
FEB 27 11 12 AM '67

I.

Operator Randall F. Montgomery, operator	
Address Broadmoor Bldg., Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
EFFECTIVE MARCH 1, 1967	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mass-State	Well No. 1	Pool Name, Including Formation Salt Lake Yates	Kind of Lease State, Federal or Fee State	Lease No. #E-5231
Location				
Unit Letter C ; 660 Feet From The North Line and 2080 Feet From The West				
Line of Section 18 Township 20S Range 33E, NMPM, 164 County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
THE PERMIAN CORPORATION	P. O. BOX 3119, MIDLAND, TEXAS 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 C	Sec. 18	Twp. 20S
Fge. 33E	Is gas actually connected?	When
	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 Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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		

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	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

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.

R. F. Montgomery
(Signature)
OPERATOR
(Title)
FEBRUARY 20, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
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 completed wells.