

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes Old C-104 and C-1  
Effective 1-1-55

I.

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

Teal Petroleum Company

Address

405 Wall Towers East, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter or:

Other (Please explain)

Recompletion

☐

Oil

☐

Gas

☐

Change in Ownership

☒

Casinghead Gas

☐

Other

☐

If change of ownership give name

and address of previous owner Amini Oil Company, 405 Wall Towers East, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including location	Kind of Lease	Lease No.
Aztec Federal	1	South Salt Lake (Morrow)	State, Federal or Fee Federal	NM 0378446
Location				
Unit Letter		Feet From The		Feet From The
L	660	West	1980	South
Line of Section	Township	Range		County
33	20-S	33-E	NMPM, Lea	

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)			
The Permian Corp.	P. O. Box 1183, Houston Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Southern Union Gas Co.	Fidelity Union Tower, Dallas Texas 75206			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw.	Range
	L	33	20-S	33-E
Is production commingled?		Yes		
		April 1974		

If this production is commingled with that from any other lease or leases, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Water Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.					P.S.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation					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 well or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Testing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Gas-Bbls.	Gas-MCF

GAS WELL

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

Wanda Walker

(Signature)

Agent

(Title)

October 18, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED

Orig. Signed by, 19

Joe D. Ramey

Dist. I, Supv.

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.