

**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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

**I. OPERATOR**  
**GREAT WESTERN DRILLING COMPANY**  
**Address**  
**Post Office Box 1659                      Midland, Texas 79702**

**Reason(s) for filing (Check proper box)**                      **Other (Please explain)**

New Well                       Change in Transporter of:  
Recompletion                       Oil                       Dry Gas   
Change in Ownership                       Casinghead Gas                       Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Bordages	<b>Well No.</b> 3	<b>Pool Name, Including Formation</b> Eunice-Monument (Grayburg S.A.)	<b>Kind of Lease</b> State, Federal or Fee Federal	<b>Lease No.</b> LC 055715
<b>Location</b>				
Unit Letter	N	Feet From The	650	South Line and
			1980	Feet From The
				West
Line of Section	28	Township	19S	Range
			37E	, NMPM,
				Lea
				County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
Tesoro Crude Oil Company	8700 Tesoro Drive, San Antonio, Texas 78286
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Unit</b> <b>Sec.</b> <b>Twp.</b> <b>Rge.</b> <b>Is gas actually connected?</b> <b>When</b>
	N    28    19S    37E    No    Exception to R-4076 until 06-03-80

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

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
<b>Date Spudded</b>	<b>Date Compl. Ready to Prod.</b>		<b>Total Depth</b>			<b>P.B.T.D.</b>		
<b>Elevations (DF, RKB, RT, GR, etc.)</b>	<b>Name of Producing Formation</b>		<b>Top Oil/Gas Pay</b>			<b>Tubing Depth</b>		
<b>Perforations</b>							<b>Depth Casing Shoe</b>	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
<b>HOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>		<b>DEPTH SET</b>			<b>SACKS CEMENT</b>		

**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)

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

**GAS WELL**

<b>Actual Prod. Test-MCF/D</b>	<b>Length of Test</b>	<b>Bbls. Condensate/MMCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (pitot, back pr.)</b>	<b>Tubing Pressure (shut-in)</b>	<b>Casing Pressure (shut-in)</b>	<b>Choke Size</b>

**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. B. Myers                      M. B. Myers  
(Signature)  
Assistant General Superintendent  
(Title)  
May 6, 1980  
(Date)

**OIL CONSERVATION COMMISSION**  
**MAY 8 1980**  
**APPROVED** \_\_\_\_\_, 19\_\_\_\_  
**BY** Orig. Signed by  
Jerry Sexton  
**TITLE** Dist 1, Supv.

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.