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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Operator Lakeland Petroleum Corp.		
Address P. O. Box 3500 Ft. Worth, Texas		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change in Zone Plug off Drinkard Recomplete in Blinebry
Recompletion <input checked="" type="checkbox"/>		
Change in ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. J. Sarkeys	Well No. Pool Name, Including Formation 1 Blinebry, Blinebry	Kind of Lease State, Federal or Fee Fee
Location Unit Letter B ; 350 Feet From The N Line and 1980 Feet From The E Line of Section 26 , Township 21-S Range 37-E , N.M.P.M. Lee 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"/> Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1910 , Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26
	Twp. 21	Rge. 37
	Is gas actually connected? yes	When 1952

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

IV. COMPLETION DATA **Blinebry Zone**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		B.R.T.D.			
Work Started 5-24-65	6-1-65		5728'		6400			
Pool Blinebry	Name of Producing Formation Blinebry		Top Oil/Gas Pay		Taking Depth 5867'			
Perforations 5728, 5735.5, 5747, 5749, 5759, 5781, 5792.5, 5800, 5811, 5817.5					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17	13-3/8"		262		250			
12-1/4	9-5/8"		2779		800			
8-3/4	5-1/2"		6451		300			
	2-3/8"		5867					

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 6-1-65	Date of Test 6-4-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 300	Casing Pressure 575	Choke Size 19/64
Actual Prod. During Test 24 Hrs.	Oil-Bbls. 326	Water-Bbls. 3	Gas-MCF 200,000

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

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 Sections I, II, III, and VI only 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.

Engineer

(Title)

June 7, 1965

(Date)