

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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-11
Effective 1-1-65

Operator McCasland Disposal System	
Address P. O. Box 206 Eunice, New Mexico 88231	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Request to sell 1,500 bbls of oil accumulated at salt water disposal system.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of Oil ☐	
Change in Transporter of Gas ☐	
Change in Casinghead Gas ☐	
Change in Dry Gas ☐	
Change in Condensate ☐	

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

I. DESCRIPTION OF WELL AND LEASE				
Lease Name J. H. Day	Well No. 2	Pool Name, including Formation Eunice 7 River Queens	Kind of Lease State, Federal or Free Fed	Lease No.
Location				
Unit Letter D	660	Feet From The North	Line and 990	Feet From The West
Line of Section 6	Township 22S	Range 36	N.M.P.M. Lea	County

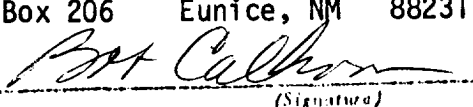
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 3119 Midland, Tx 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 Sec. Twp. Rge.
Is gas actually connected?	When

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

III. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Oil, Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKN, RT, CR, 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			

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
(Test must be after recovery of total volume of lead 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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

V. 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.	
McCasland Disposal System	
PO Box 206 Eunice, NM 88231	
	
(Signature)	
Partner	
(Title)	
4/12/79	
(Date)	

OIL CONSERVATION COMMISSION	
APR 18 1979 , 19	
APPROVED	
BY	Orig. Signed by Jerry Sexton
TITLE	Dist. L. 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 deviated tests taken on the well in accordance with RULE 1111.	
All sections of this form must be filled out completely for all wells on new and re-completed 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 available	

February 1979

OIL CORPORATION COLADA.
LAWSON, N. H.