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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

HOBBS OFFICE O. C. C.
Nov 21 8 20 AM '66

I. Operator
Operator: **J. R. CONE**
Address: **Box 871, Lubbock, Texas 79408**

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

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cone Jalmat Yates Pool Unit - Tract 8	Well No. 5	Pool Name, including Formation Jalmat (Oil) - Yates	Kind of Lease State, Federal or Fee State
Location: Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West			
Line of Section 25 , Township 22-S Range 35-E , NMPM, Lea 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 66, Oil Center, New Mexico
If well produces oil or liquids, give location of tanks. F	Unit 25 Sec. 22-S Twp. 35-E
Is gas actually connected? Yes	When 1956

If this production is commingled with that from any other lease or pool, give commingling order number: **Cone Jalmat Unit Agreement Order No. R-2492, 8/11/63**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded September 13, 1966	Date Compl. Ready to Prod. October 9, 1966	Total Depth 3868	P.B.T.D. 3867					
Pool Jalmat (Oil)	Name of Producing Formation Yates	Top Oil/Gas Pay T. Yates 3747	Tubing Depth 3865					
Perforations Ten 1/2" jet holes at: 3768.5, 3778, 3781.5, 3799, 3805.5, 3813.5, 3817.5, 3849.5, 3856.5 and 3858'.						Depth Casing Shoe 3868		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" SH casing		303'		150 sx 1:1 Pozmix			
7-7/8"	5-1/2" SH casing		3868		400 sx 1:1 Poz + 100 neat			
	2-3/4" SH tubing		3865		Tension anchor 3760'			

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 October 17, 1966	Date of Test November 14, 1966	Producing Method (Flow, pump, gas lift, etc.) Rod pump	
Length of Test 24 hours	Tubing Pressure 10 psig	Casing Pressure 10 psig	Choke Size 2"
Actual Prod. During Test 58 barrels total fluid	Oil - Bbls. 8	Water - Bbls. 50	Gas - MCF No test

GAS WELL **Note: Deviation tests tabulated on reverse side of Form C-105.**

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.

L. O. Storm - **L. O. Storm**
(Signature)
Engineer
(Title)
November 19, 1966
(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 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.