

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

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

I.

Operator Acoma Oil Corporation	
Address 812 Continental Life Bldg., Fort Worth, Texas 76102	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Lankham Oil Company, 812 Continental Life Bldg., Fort Worth, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. J. Sarkeys 'B'	Well No. 1	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B , 330 Feet From The N Line and 2310 Feet From The E Line of Section 26 Township 21S Range 37E , 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"/> Shell Pipe Line Company	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 Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1147, Eunice, Texas	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26
	Twp. 21S	Rge. 37E
	Is gas actually connected? Yes	When December 1966

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 11/8/66	Date Compl. Ready to Prod. 12/8/66	Total Depth 7299	P.B.T.D. 7299					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Abo	Top Oil/Gas Pay 6796	Tubing Depth 6755					
Perforations 6796, 6816, 6823, 6834, 6868, 6876, 6895, 6923, 6935, 6955, 6962, 6972, 6988, 6996, 7006, 7010, 7038, 7061, 7067, 7111, 7125, 7138, 7185, 7214	Depth Casing Shoe 7292							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8 - 24#		1320		650			
7-7/8	5-1/2 15.5 & 17# J-55		7292		900			
	2-3/8 EUE		6755					

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 12/8/66	Date of Test 12/9/66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
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/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Sam W. Hogan
(Signature)
Agent
(Title)
April 1, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Joe J. Hickey**
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.