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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-101 and
Effective 1-1-65

Operator
McCasland Disposal System

Address
Box 98 Eunice, NM 88231

Reason(s) for filing (check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter oil ☐	Request to sell 180 bbls of oil accumulated at salt water disposal system	
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☐	Coalinghead Gas ☐ Condensate ☐		

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

DESCRIPTION OF WELL AND LEASE			
Lease Name Atha	Well No. #1	Pool Name, including Formation Jalmat Yates 7 Rivers Queen	Kind of Lease State, Federal or Fee Federal
Location Unit Letter M : 660 Feet From The West Line and 660 Feet From The South Line of Section 31 Township 21S Range 36E , NMPM, Lea Coun			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Navajo Crude Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159 Artesia, NM 88210	
Name of Authorized Transporter of Coalinghead 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: _____

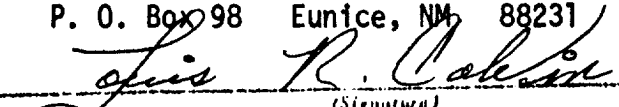
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Shut Resv. Part. Fr.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of well 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	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAR 21 1985 , 19____	
McCasland Disposal System P. O. Box 98 Eunice, NM 88231  Partner (Title)		BY ORIGINAL SIGNED BY JERRY SEBASTIAN DISTRICT SUPERVISOR	
3-18-85 (Date)		TITLE _____	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All portions of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.	

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MAR 20 1985

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