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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 O-103 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 ☐	Request to sell 180,000 bbls of oil
Recompletion ☐	accumulated at salt water disposal
Change in Ownership ☐	system
Change in Transporter oil ☐	
Oil ☐	
Dry Gas ☐	
Casinghead 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	Lease No.
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	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Purchasing	P. O. Drawer 159 Artesia, NM 88210					
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	Soc.	Twp.	Pge.	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	Same Res'v. Diff. 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
OIL WELL. (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of
able 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

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	
P. O. Box 98 Eunice, NM 88231	
	(Signature)
Partner	(Title)
2-25-85	(Date)

OIL CONSERVATION COMMISSION

FEB 28 1985

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**

TITLE **DISTRICT I SUPERVISOR**

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 sections of this form must be filled out completely for all
chokes 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 credit

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