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

Operator McCasland Disposal System

Address P.O. Box 98 Eunice, NM 88231

Reason(s) for filing (check proper box)

New Well	☐	Change in Transporter oil	☐	Other (Please explain)
Recompletion	☐	Oil	☐	Request to sell <u>180,000</u> bbls of oil
Change in Ownership	☐	Crudehead Gas	☐	Accumulated at Salt Water Disposal
		Dry Gas	☐	System
		Condensate	☐	

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Atha</u>	Well No. <u>#1</u>	Pool Name, including Formation <u>Jalmit Yates 7 Rivers Queen</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location			
Unit Letter <u>M</u>	<u>660</u>	Feet From The <u>West</u> Line and <u>660</u>	Feet From The <u>South</u>
Line of Section <u>31</u>	Township <u>21 S</u>	Range <u>36 E</u>	NMFM, <u>Lea</u> 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)					
<u>The Permian Corporation</u>	<u>P.O. Box 3119 Midland TX 79701</u>					
Name of Authorized Transporter of Crudehead 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	Same Res't	Test Well
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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

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	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 (pilot, 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

Bob Patterson
(Signature)

Partner
(Title)

9-27-84
(Date)

OIL CONSERVATION COMMISSION

OCT - 2 1984

APPROVED _____, 19

Eddie W. Seay

Oil & Gas Inspector

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 deviated 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 name, well name or number, or transporter, or other such change of condition.