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U.S.G.S.	
LAND OFFICE	
TRANSPORTED	OIL GAS
OPERATOR	
PRODUCTION 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
Effective 1-1-65

Operator McCasland Disposal System	
Address P.O. Box 98 Eunice, NM 88231	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Change In Transporter of: Request to sell 360,000 bbls of oil
Recompletion ☐	Oil ☐ Dry Gas ☐ Accumulated at Salt Water Disposal
Change In Ownership ☐	Casinghead Gas ☐ Condensate ☐ System

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 Jalnet 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 21 S	Range 36 E	NMCM, 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)					
The Permian Corporation	P.O. Box 3119 Midland TX 79701					
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	Sec.	Twp.	Rgn.	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.	Full Res't.
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
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
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	Bbls. 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

Bob Dutton
(Signature)

Partner
(Title)

10-23-83
(Date)

OIL CONSERVATION COMMISSION

OCT 28 1983

APPROVED _____, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT SUPERVISOR

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 deviate
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for other
than 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.

SEP 27 1983

O.C.C.
HOBBS OFFICE