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

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

Form O-104
Supersedes OIL 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 of:
Incompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Request to sell 360 bbls of oil
Accumulated at Salt Water Disposal
System

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 Free <u>Federal</u>	Lease No.
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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 ☐ <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3119 Midland TX 79701</u>
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.	Rge.	Is gas actually connected?	When
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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	Stim Res.	Full, etc.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviations (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 load oil and must be equal to or exceed top oil
oil well. 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
Flowing Method (pilot, back pr.)	Tubing Pressure (lb/ft ² -in)	Casing Pressure (lb/ft ² -in)	Choke Size

CERTIFICATE OF COMPLIANCE

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)

7-25-83
(Date)

OIL CONSERVATION COMMISSION

JUL 27 1983

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL & GAS INSPECTOR

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 portions of this form must be filled out completely for allow-
able 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.

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