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REG. OFF.	
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 C-104
Superseding Old C-104 and C-105
Effective 4-1-65

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 180 ± 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>Jalnet Yates 7 Rivers Queen</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. _____
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>	N.M.P.M. <u>Lea</u>	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

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 Result, Full Test
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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 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	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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)

4-26-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 27 1983, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 reworked well, this form must be accompanied by a tabulation of the available data taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all wells on new casing completed within.

Fill out only Sections I, II, III, and VI for change of existing well name or number, or transporter or other such change of conditions.