

Oil Conservation Commission
Request for Allowable
AND
Authorization to Transport Oil and Natural Gas

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

Form OCS-104
Supersedes Old OCS-104 and OCS-104
Effective 1-1-65

Operator
M^c Casland Disposal System
Address
P.O. Box 98 Eunice, NM 88231
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ 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

II. 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 Free
Federal
Location
Unit Letter
M
Feet From The
West
Line and
660
Feet From The
South
Line of Section
31
Township
21S
Range
36E
NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Permian Corp
Address (Give address to which approved copy of this form is to be sent)
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.
Rge.
Is gas actually connected?
When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐
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

V. 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

VI. 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.
Signature
Partner
4-782
(Data)

OIL CONSERVATION COMMISSION
APPROVED
APR 12 1982
ORIGINAL SIGNED BY
JERRY SEXTON
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 results of 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 conditions.