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LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMI.

SANTA FE	4	CONSERVATION COMMI. N	Form C-104	
FILE	REQUEST	T FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	LCAS	
LAND OFFICE	No money to m	AND ON FORE AND NATURAL	L GAS	
TRANSPORTER OIL				
GAS				
OPERATOR				
I. PRORATION OFFICE Operator				
McCasland Dispose Address P. O. Box 206, Et	-			
Reason(s) for filing (Check proper b	ox)	Other (Please explain)	Request to sell 365	
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde		accumulated sland SWD system	
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AN	D LEASE. Well No. Pool Name, Including F	Formation Kind of i.e	ease Lease No.	
Atha		7RvrsTunsill State, Fed	Lease 140.	
Location				
Unit Letter	560 Feet From The West Lie	ne and Feet Fro	om The South	
Line of Section 31	Cownship 21S Range 3	J6E , NMPM, Lea	County	
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of C			proved copy of this form is to be sent)	
Permian Corporat:	Casinghead Gas or Dry Gas	P. O. Box 3119, N	proved copy of this form is to be sent)	
, , , , , , , , , , , , , , , , , , ,		,	,	
If well produces of or liquids	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.				
If this production is commingled v. COMPLETION DATA	with that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Resty. Diff, Resty.	
Designate Type of Complete	tion = (X)			
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		<u> </u>	Depth Casing Shoe	
	TURING CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load (epth or be for full 24 hours)	oil and must be equal to or exceed top allow	
OIL WELL 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	
Actual Float Dailing 1000				
GAG WEST				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size	
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION	
		APPROVED	, 19	
Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED		
above is true and complete to t	he best of my knowledge and belief.	BY()		
_		TITLE) }	
McCasand Disposal System		mu 1 = 8 1 = A = 5 = 811 × 5 1	e compliance with must state	
De block m. A.	By: Wullus Mc Caclard		n compliance with RULE 1104. lowable for a newly drilled or deepened	
(Si	nature) dv	well, this form must be accome tests taken on the well in accome.	spanied by a tabulation of the deviation cordance with RULE 111.	
<u>Owner</u>	Title)	All sections of this form able on new and recompleted	must be filled out completely for allow-	
4O73	/	able on new and recompleted	WW4404	

(Date)

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

Separate Forms C-104 must be filed for each pool in multiply

NO. OF COPIES REC	EIVZD	i	
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TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMI. REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65

	U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR	AUTHORIZATION TO TRA	ANSPORT OIL AND N	ATURAL G	SAS	
1.	PRORATION OFFICE Operator	1				
	McCasland Disposed	. System ————————————————————————————————————				
	P. O. Box 206. Fur Reason(s) for filing (Check proper box	ice. New Mexico		····		
	Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Other (Please	766	equest to sell	
	Recompletion	Oil Dry Ga			accumulated at SWD system	
	Change in Ownership	Casinghead Gas Conder	nsate U OUI MCC	astanu	SWD BYB CEM	
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL_AND	LEASE				
	Lease Name Atha	Well No. Pool Name, Including F		Kind of Lease State, Federal		Lease No.
	Location M 66	O Feet From The West Lin	6 6 0	Feet From 1	The South	
	Unit Letter	reet rom rno		_	ne	
	Line of Section 31 To	wnship 218 Range 3	6E , NMPM,	Lea		County
III.	DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to	which approx	ed copy of this form is to b	e cent)
	Permian Corporation		P. O. Box 31			e sent)
	Name of Authorized Transporter of Cas				ed copy of this form is to b	e sent)
		Unit Sec. Twp. Rge.	Is gas actually connected	l? Whe	en .	
	If well produces oil or liquids, give location of tanks.					
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:		
3 V .	Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deeper.	Plug Back Same Restv.	Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
				··	Depth Casing Shoe	
	Perforations				Depth Casing blice	
		T	CEMENTING RECORD		SACKS CEMEN	· -
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<u> </u>	SACKS CEMER	
			1			
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volum	e of load oil	and must be equal to or exce	ed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	producing Method (Flow,		t, etc.)	
					Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.		Gas-MCF	
		1			<u></u>	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	······································
				4-1	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-		Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL C	ONSERVA	TION COMMISSION	
	I hereby certify that the rules and t	regulations of the Oil Conservation			, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Orig. Siened by Joe D. Ramey TITLE Post in Suppl. This form is to be filed in compliance with RULE 1104.			
McCasland Disposal System						
By: Mellas Melaslass Owner						
			mest this form must	If this is a request for allowable for a newly drilled or deepened		
			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.			
			Separate Forms C-104 must be filed for each pool in multiply			