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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAY 9 2 01 PM '69

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator **C. E. LONG**

Address **Box 1578, Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Dry Gas	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Condensate	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>		

**To report change in producing method and subsequent production test.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease State <b>Shell-State</b>	Well No. <b>1</b>	Location <b>Jalmat (Tates &amp; 7 Rivers)</b>	Kind of Lease <b>State</b>	State <b>B01167</b>
Location <b>N 660 South 2310 West</b>				
Unit Letter <b>32</b> Feet From The <b>21-S</b> Line and <b>36-E</b> Feet From The <b>Lea</b> Line of Section <b>32</b> Township <b>21-S</b> Range <b>36-E</b> , NMPM, County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Shell Pipe Line Corporation</b>	<b>Box 2648, Houston, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Warren Petroleum Corporation</b>	<b>Box 1589, Tulsa, Oklahoma 74102</b>
If well produces oil or liquids, give location of tanks.	Is it actually connected? <b>No</b> <b>Expect connection within three weeks</b>

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)	<input checked="" type="checkbox"/> Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input checked="" type="checkbox"/> Diff. Res'v.
Workover began <b>11/3/68</b>	Date Compl. <b>12/23/68</b>	Test Depth <b>3905'</b>	Perforations <b>3613' ground</b>	Producing Interval <b>Tates &amp; 7 Rivers</b>	Gas Pay <b>3268'</b>	Depth <b>3601'</b>	Casing Shoe <b>3900'</b>	
TUBING, CASING, AND CEMENTING RECORD								
<b>12 1/2"</b> HOLE SIZE	<b>8 7/8"</b> CASING & TUBING SIZE	<b>300'</b> DEPTH SET	<b>150 SXS/ CEMENT</b>					
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>3900'</b>	<b>550 SXS.</b>					
	<b>2 3/8"</b>	<b>3601'</b>	<b>---</b>					

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 allowable for this depth or be for full 24 hours)

Date New Oil Run To Tanks <b>12/6/68</b>	Date Test <b>3/17/69</b>	Test Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
24 hours	Tubing Pressure	Casing Pressure	Choke Size
35 bbl. oil	Oil Psl.	Water Bbls.	Gas <b>100</b>

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)	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.

**Owner-operator**

**4/27/69** (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 deviation 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 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 completed wells.