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

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-101 and C-111
Effective 1-1-65

ILLEGIBLE

Operator

CAMPBELL & HEDRICK

Address

P.O. Box 101, Hobbs, New Mexico 77702

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Change in name of operator from
J.W. Peery to Campbell & Hedrick.
No Change in ownership.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
LOOKOUT	1	LOOKOUT	State, Federal or Fee	71032096a
Location				
Unit Letter	I	Feet From The	West	Line and
				2310
				Feet From The
				South
Line of Section	17	Township	21	Range
				37
				N.M.S.M.
				LE
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipe Line Co.	P.O. Box 1510, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Getty Oil Co.	P.O. Box 249, Hobbs, New Mexico 77702	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	17
		21
		37
		1951

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

MC-135

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't.	Full Res't.
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 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	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.

OIL CONSERVATION COMMISSION

APPROVED

SEP 28 1977

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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 24-hour
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able for 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.

Oley P. Hedrick

(Signature)

P. Hedrick

(Title)

9/23/77

(Date)

