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

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

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

I. Operator Summit Energy, Inc.  
Address 112 W. First Street Artesia, N. M. 88210  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ ☒ Change of Operating Name  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐  
If change of ownership, give name and address of previous owner: operator Change of operating name to be effective August 1, 1970 Western Oil Fields, Inc.

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Gulf Mill Well No. 4 Pool Name, Including Formation Brickard Oil Kind of Lease State, Federal or Fee Fee Fee Lease No. \_\_\_\_\_  
Location  
Unit Letter S 1980 Feet From The West Line and 1980 Feet From The South  
Line of Section 4 Township 21 Range 37, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Perrison Corporation Address (Give address to which approved copy of this form is to be sent) Millard, Texas  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Skelly Oil Company Address (Give address to which approved copy of this form is to be sent) Emmelle, New Mexico  
If well produces oil or liquids, give location of tanks. Unit S Sec. 4 Twp. 21 Rge. 37 Is gas actually connected? Yes When Not available

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 Res'v.	Diff. Res'v.
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/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.  
James White  
(Signature)  
Vice-President Production  
(Title)  
July 21, 1970  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED 1970, 19\_\_\_\_  
BY [Signature]  
TITLE [Signature]  
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.

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JUL 8 1970

OIL CONSERVATION BOARD  
HOUSTON, TEXAS