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: [illegible]

Address: MIDLAND, TEXAS

Reason for filing (Please check proper box): Other (Please explain)

New Well: Change in Transporter of: Oil: Dry Gas: Recompleted Well: Condensate: [illegible]

If change of ownership give name and address of previous owner: [illegible]

II. DESCRIPTION OF WELL AND LEASE

Lease Name: [illegible] Well No.: [illegible] Pool Name, Including Formation: [illegible] Kind of Lease: State, Federal or Fee

Location: Unit Letter C, 990 Feet From The North Line and 2310 Feet From The West

Section 10 Township 21 Range 37 NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: [illegible] or Condensate: Address (Give address to which approved copy of this form is to be sent): [illegible]

Name of Authorized Transporter of Casinghead Gas: [illegible] or Dry Gas: Address (Give address to which approved copy of this form is to be sent): [illegible]

If well produces oil or liquids, give location of tanks: Unit [illegible] Sec. [illegible] Twp. [illegible] Rge. [illegible] Is gas actually connected? When: [illegible]

If this production is commingled with that from any other lease or pool, give commingling order number: DC 245

IV. COMPLETION DATA

Designate Type of Completion – (X): Oil Well: Gas Well: New Well: Workover: Deepen: Plug Back: Same Resv.: Diff. Resv.

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 (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: Casing Pressure: 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.

Cecil Langg

Administrative Supervisor

(Title)

JULY 5, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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 multiple