

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

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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. **Permitter**
Hunt Industries
Address: Drawer 1350, Midland, Texas 79701
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Receiving letter ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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
<u>State 15</u>	<u>1</u>	<u>Osudo, South (Morrow Gas)</u>	State, Federal or Fee <u>State</u>
Location			
Unit Letter <u>N</u>	<u>1980</u>	Feet From The <u>West</u> Line and <u>990</u>	Feet From The <u>South</u>
Line of Section <u>15</u> , Township <u>21-S</u> , Range <u>35-E</u> , NMPM, <u>Lea</u> County			

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>The Permian Corporation</u>	<u>Box 3119, Midland, Texas 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips Pipe Line Company</u>	<u>Phillips Building, Odessa, Texas 79760</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	Is gas actually connected?	When
	<u>N</u>	<u>15</u>	<u>21-S</u>	<u>35-E</u>	<u>Yes</u>	<u>8-24-76</u>

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>12-29-75</u>	<u>4-11-76</u>		<u>12,459'</u>		<u>12,264'</u>			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>South Osudo</u>	<u>Morrow</u>		<u>11,981'</u>		<u>11,094'</u>			
Perforations					Depth Casing Shoe			
<u>11,981-11,997' and 12,122-12,135'</u>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>398'</u>	<u>407</u>
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>5,499'</u>	<u>750</u>
<u>8-3/4"</u>	<u>7"</u>	<u>11,449'</u>	<u>400</u>
<u>6-1/8"</u>	<u>4-1/2" Liner</u>	<u>Top 11,088 - Bottom 12,458</u>	<u>175</u>
	<u>2-1/2" Tubing</u>	<u>PBR 11,094'</u>	

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
<u>862</u>	<u>24 Hours</u>	<u>191</u>	<u>44.3°</u>
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<u>Back Pressure</u>	<u>900</u>	<u>1790</u>	<u>10/64"</u>

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.

David Putnam David Putnam
(Signature)
Engineer
(Title)
August 24, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED 11/2, 19 1976
BY Jerry Smith
TITLE Director

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 Sections I, II, III, and VI only 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.