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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 1-1-55

I.

Operator <u>Conroy & Company</u>	
Address <u>P. O. Box 282, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Disposal of Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner <u>W. F. King, P. O. Box 112, Tujunga, California 91060</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>W. F. King</u>	Well Name, including Formation <u>Langlie Mattix 7 Rivers</u>	Section <u>3</u>	Lease <u>Fee</u>
Location Unit Letter <u>K</u>	1980	1	West
Line of Section <u>1</u>	Township <u>23S</u>	Range <u>36E</u>	Lea

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) <u>Box 112, Tujunga, California</u>
Name of Authorized Transporter of Disposal 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) <u>Box 112, Tujunga, New Mexico</u>
If well produces oil or oil and gas, give location of tanks <u>23 3</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RAB, RI, GR, etc.)			
Perforations			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH - FEET	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	Stroke 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 (pilot, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Stroke 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.

<u>[Signature]</u> (Signature)
<u>[Title]</u> (Title)
<u>[Date]</u> (Date)

OIL CONSERVATION COMMISSION	
APPROVED	<u>9-23-57</u>
BY	<u>[Signature]</u>
TITLE	<u>Superintendent</u>

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.