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FILE  
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

JUL 13 4 34 PM '65

Reasons for filing (Check proper box)  
Leakage ☐ Damage in Transporter of: ☐ Range in Transporter of: ☐ Dry Gas ☐  
Other (Please explain): ☐ Penrose Gas 4 130

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE Well is SI

Well No. 137 Pool Name, including Formation Penrose Skelly  
State, Federal or Fee Fee  
Section 4 Township 22S Range 7E  
Line and 660 Feet From The south Line and 660 Feet From The west

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Authorized Transporter of Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
Is well producing oil or liquids, ☐ Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE JANUARY 31, 1967

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen  
Date Spudded Date Compl. Ready to Prod. Total Depth  
Name of Producing Formation Top Oil/Gas Pay Casing Depth  
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 loud oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Producing Method (pilot, 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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED 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 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.