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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 **James Norman Morris**
~~James Norman Morris~~
Address **P. O. Box 781, Roswell, New Mexico 88201**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner **Oil Well Drilling Company, 2301 Fidelity Union Tower, Dallas, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thomas Long	Lease No. 3	Well No. 3	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee
Location Unit Letter K ; 1650 Feet From The South Line and 2310 Feet From The West Line of Section 11 Township 22 South Range 37 East , NMEM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 2099, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit N Sec. 11 Twp. 22S Rge. 37E	Is gas actually connected? <input type="checkbox"/> When 6/6

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded October 19, 1949	Date Compl. Ready to Prod. November 25, 1949	Total Depth 6477'	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) 3356	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6422	Tubing Depth 6477'					
Perforations Open Hole	Depth Casing Shoe 6422							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	13 XX 3/8ths		294		300			
	8 5/8		2796		1250			
	5 1/2		6422		500			
	2"		6477					

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	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.

Operator
(Signature)
August 8, 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 multiply completed wells.