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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-101 and C-102
Effective 1-1-65

Operator Campbell & Hedrick	
Address P.O. Box 401 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☒
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Christmas	Well No. 1	State, Federal or Fee Fee	
Location			
Unit Letter J	1980 Feet From The South	Line and 1980	Feet From The East
Line of Section 17	Township 22N	Range 37E	NMPM, Lea County

*Account of Sun Refining & Marketing 400 North Center, Longview, Texas 75606						
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline Co.	Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Company	P.O. Box 3000, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 17	Twp. 22	Pge. 37	Is gas actually connected? Yes	When November 1960
If this production is commingled with that from any other lease or pool, give commingling order number:					PC 433	

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't.	Chf. R.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, 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

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 of 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		Lbbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

J. F. Hedrick
(Signature)

5/23/84
(Date)

OIL CONSERVATION COMMISSION
MAY 23 1984

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the deviated parts taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and reworked wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of control.