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TRANSPORTER	OIL	
	GAS	
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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

Operator Wood, McShane & Thams 692, Ltd.	
Address P. O. Box 968, Monahans, Texas 79756	
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 Wood, McShane & Thams-Colorado Box 968 Monahans, Texas

Lease Name New Mexico M State		Well No. 6	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee State	Lease No. B-934
Location					
Unit Letter B	660	Fees From The North	Line and 1980	Fees From The East	
Line of Section 19	Township 22-S	Range 37-E	NMPM,	Lee	County

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 Pipe Line		Box 1510, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)			
Skelly Oil Company		Eunice, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 29	Twp. 22-S	Rge. 37-E	Is gas actually connected? When Yes 5-23-61

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, 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		JACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of flood 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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED AUG 11 1971	
<u>B. Oliver Wood</u> (Signature)		BY <u>[Signature]</u>	
Partner		TITLE <u>SUPERVISOR DISTRICT I</u>	
July 1, 1971		This form is to be filed in compliance with RULE 1104.	
(Title)		If this is a request for allowance 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.	
(Date)		All sections of this form must be filled out completely for allowance 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.	

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AUG 24 1971

OIL CONSERVATION COMM.
HOBBES, N. M.