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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> 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-11
Effective 1-1-65

Crown Central Petroleum Corporation

Address

4000 N. Big Spring, Suite 213, Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well ☐ Change in Primary Operator ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Gas in Field Gas ☒ Condensate ☐

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Danglade		Tubb Oil and Gas	State, Federal or Fee Fee
Location	Unit Letter B	660 Feet From The N	Line and 1980 Feet From The E
Line of Section 24	Township 22S	Range 37E	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter (Check <input checked="" type="checkbox"/>)	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipe Line Company	P.O. Box 1910, Midland, Texas 79702					
Name of Authorized Transporter of Condensate (Check <input checked="" type="checkbox"/>)	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Co.	P.O. Box 1197, Eunice New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 24	T. 23N	R. 37E	Is gas actually connected? Yes	When 8-10-59

If this production is commingled with that from any other lease or pool, give commingling order number: DHC - 304 (Bisby Oil Co.)

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	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 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

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Time of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Oil Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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 is true and complete to the best of my knowledge and belief.


K.K. Kirby

Team Engineer

May 25, 1986

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 3 - 1986**, 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 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