

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTAFE	
FILE	
U.S.O.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 Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Crown Central Petroleum Corporation  
Address  
1010 Bank of the Southwest Bldg., Houston, Texas 77002  
Reasons for filing in check proper box  
New well ☐ Change in Transporter of:  
Reoperation ☐ Oil ☐ Dry Gas ☐  
Change in ownership ☒ Casinghead Gas ☐ Condensate ☐  
If change in ownership give name and address of previous owner  
Sunset International Petroleum Corporation  
2400 Fidelity Union Tower, Dallas, Texas 75201

II. DESCRIPTION OF WELL AND LEASE

Lease No.	Well No., Pool Name, Including Formation	Kind of Lease	Lease No.
Danglade	1 Tubb Gas	State, Federal or Fee	
Location Unit Letter: B 660 Feet From The N Line and 1980 Feet From The E Line Section 24 Township 22S Range 37E, NMFM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <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 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas	2223 Dodge St. Omaha, Nebraska 68102
If well produces oil or liquids, give location of tanks.	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:

IV. COMPLETION DATA

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	SACKS CEMENT					

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)

Flow Rate: New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Flow Rate: Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
Flow Rate: Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test: (Flow, shut-in, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATION OF COMPLIANCE

I, the undersigned, certify that the well and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and correct to the best of my knowledge and belief.

H. P. Thompson  
(Signature)  
Agent  
(Title)

OIL CONSERVATION COMMISSION

APPROVED  
BY John W. Runyan  
TITLE Geologist

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 to be considered.