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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

Operator
Summit Energy, Inc.

Address
112 N. First, Artesia, New Mexico   88210

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐   Dry Gas ☒
Casinghead Gas ☐   Condensate ☐

Other *(Please explain)*
Change transporter from Skelly
to El Paso

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Drinkard Est.	5	~~Upper~~ Drinkard	State, Federal or Fee Fee	

Location

Unit Letter __G__ ; __1874__ Feet From The __North__ Line and __1874__ Feet From The __East__

Line of Section __25__   Township __22__   Range __37__ , NMPM,   __Lea__   County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒   or Condensate ☒

Texas N.M. Pipeline Co.

Address *(Give address to which approved copy of this form is to be sent)*
Eunice, N.M., Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☐   or Dry Gas ☒

El Paso Natural Gas Co.

Address *(Give address to which approved copy of this form is to be sent)*
Jal, N.M., El Paso, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	25	22	37	yes	1954

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
June 30, 1953	Aug. 9, 1953	6972	6530

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Drinkard	6110	6150

Perforations		Depth Casing Shoe
New (6217-6445) Upper Drinkard		6587

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	167	165 (circul)
11	8 5/8	2799	1000 (circul)
7 7/8	5 1/2	6587	425 sx.

TEST DATA AND REQUEST FOR ALLOWABLE
(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)

OIL WELL

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

I. 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.

_____
(Signature)

Division Engineer
(Title)

June 18, 1975
(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