

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
ZACHARY OIL OPERATING COMPANY

Address
1212 COMMERCE BUILDING, FORT WORTH, TEXAS 76102

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
 Change of operator from Penrose-Zachary Operating Co.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jones	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter M : 660 Feet From The S Line and 660 Feet From The W					
Line of Section 6 Township 22 Range 38 , NMPM, Lea County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, N.M. 88231				
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:

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

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)

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 (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
PRESIDENT
(Title)
4/28/81
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 21 1981**, 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 completed wells.

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

Form C-104
Supersedes Old C-104
Effective 1-1-65

OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator PROGRESS-INDUSTRY Operating Co.

Address 1000 Commerce Hill, Fort Worth, Texas 76102

Reasons for filing (Check proper box)

Change in Operator <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Change in Pool <input type="checkbox"/>	Oil <input type="checkbox"/>	<u>Change of operator from</u>
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	<u>PROGRESS Production Company</u>
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

SECTION OF WELL AND LEASE

Well Name <u>JULIE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>WILLIAMS</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location <u>000</u> Feet From The <u>0</u> Line and <u>000</u> Feet From The <u>0</u>		Date of Section <u>0</u> Township <u>22</u> Range <u>00</u> , NMPM, <u>000</u>	

SECTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>PROGRESS-INDUSTRY Operating Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1010, Dallas, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>SHELL OIL CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1010, Dallas, Texas</u>
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: _____

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Rest. Drill
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

VI. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed total 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
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. 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]
(Signature)
PRESIDENT

JULY 18, 1974
(Date)

TO BE EFFECTIVE AUGUST 1, 1974

OIL CONSERVATION COMMISSION

APPROVED _____
BY Joe D. Ramey
TITLE Dist. 1, Supv.

This form is to be filed in compliance with RULE 104.
If this is a request for allowable for a newly drilled or completed well, this form must be accompanied by a tabulation of the gravity tests taken on the well in accordance with RULE 101.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and V for change of well name or number, or transporter, or other such change of data. Separate Forms C-104 must be filed for each well to which