

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.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

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: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	

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. 47	Pool Name, including Formation Langlie Mattix		Kind of Lease State, Federal or Fee	State	Lease No. B-934
Location Unit Letter N ; 2310 Feet From The West Line and 660 Feet From The South							
Line of Section 20 Township 22-S Range 37-E , NMPM, Lea County							

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipe Line Company		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 ☒ or Dry Gas ☐ Skelly Oil Company		Address (Give address to which approved copy of this form is to be sent) 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? Yes	When 5-28-61	

If this production is commingled with that from any other lease or pool, give commingling order number **EFFECTIVE JANUARY 31, 1971**

Designate Type of Completion - (X)				Oil Well	Gas Well	New Well	Workover	Deepen
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)			
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 (Shot-1a)	Casing Pressure (Shot-1a)	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 Ward</u> (Signature)		BY <u>[Signature]</u>	
Partner		TITLE SUPERVISOR DISTRICT I	
July 1, 1971 (Date)		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 calculation 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	

RECEIVED

RECEIVED
AUG 21 1971
OIL CONSERVATION COMM.
HOBBES, N. M.