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U.S.G.S.	
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

I. Operator

Address Millard Beck

P. O. Box 409, Eunice, New Mexico 87221

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

PURSUANT TO THE ABOVE RULES FOR AUTHORITY TO PRODUCE AND SELL OIL FROM THIS WELL I HEREBY REQUEST THAT UNLESS A CASINGHEAD GAS PERMIT OR AN AUTHORITY EXCEPTION TO THE ABOVE RULES HAS BEEN OBTAINED BY

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	Lease No.
<u>Hugh</u>	<u>10</u>	<u>Penrose-Stelly Grayburg</u>	State, Federal or Fee <u>Fee</u>	
Location				
Unit Letter <u>W</u> ; <u>1650</u> Feet From The <u>north</u> Line and <u>230</u> Feet From The <u>west</u>				
Line of Section <u>14</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Loa</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-Pacific Pipe Line Company</u>	<u>P. O. Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Contract being negotiated</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>D</u> <u>14</u> <u>22S</u> <u>37E</u> <u>No</u>

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.
<u>X</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>3/11/68</u>	<u>3/31/68</u>	<u>3800'</u>	<u>3850'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3372' GR</u>	<u>Grayburg</u>	<u>3600'</u>	<u>3800'</u>					
Perforations	Depth Casing Shoe							
<u>Perforated 2 1/4" holes between 3602' and 3804'</u>	<u>3990'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>316'</u>	<u>160sks. circulated</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3990'</u>	<u>310 sacks</u>					
	<u>2 3/8" CD</u>	<u>3800'</u>						

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.)	
<u>3/31/68</u>	<u>4/1/68</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>150</u>	<u>305</u>	<u>2 7/8"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>196.0</u>	<u>56.0</u>	<u>140.0</u>	<u>137.2</u>

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

VI. 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.

Millard Beck  
(Signature)  
Owner - Operator  
(Title)  
4/2/68  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Ma O'Leary  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the day tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for use 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 multi-completed wells.