## DISTRIBUTION NEW MEXICO OIL CONSERVATION COM Form C-104 SION ANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 LE Effective 1-1-65 AND S.G.5 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL [RANSPORTER OPERATOR PRORATION OFFICE Operator Address Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Dry Gas Change in Ownership Condensate Casinghead Gas If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. บ ( อน) State, Federal or Fee Location Unit Letter Feet From The Line and Jea Line of Section Range Township , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Unit Sec. Rge. Twp. Is gas actually connected? When If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE JANUARY 31, 1977, **COMPLETION DATA** SKELLY OIL COMPANY MERCI INTO GETTY OIL COMPANY. Oil Well Gas Well New Well Workover Deepe Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbis. 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 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED 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.

QR	IGI	NAL	SIGNED	B,
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 (Signature)	
 (Title)	

(Date)

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. Sanorate Forms Called must be filled for each coal in multiple