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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 Sam D. Ares		
Address c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico		
Reason(s) for filing (Check proper box)	Re-entry	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name B. Davis	Well No. 1	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter L	1650	Feet From The South	330	Feet From The West	
Line of Section 34	Township 23 S	Range 36 E	Lea	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)					
Shell Pipe Line Corp.	Box 2648, Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 34	Twp. 23S	Rge. 36E	Is gas actually condensed? No	When

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Re-entry									
Date Spudded Re-entered 2/24/69	Date Compl. Ready to Prod. 2/25/69	Total Depth 3610		P.B.T.D. 3525					
Elevations (DF, RKB, RT, GR, etc.) 3403	Name of Producing Formation Seven Rivers	Top Oil/Gas Pcy 3520		Tubing Depth 3475					
Perforations 3520 - 22				Depth Casing Shoe 3536					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13	10 3/4		321		250				
11 3/4	7 5/8		1411		600				
7 7/8	5 1/2		3536		800				
	2 3/8		3475						

V. 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)

Date First New Oil Run To Tanks 2/25/69	Date of Test 2/25-26/69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 210#	Casing Pressure Pkr	Choke Size 24/64"
Actual Prod. During Test 95	Oil - Bbls. 94	Water - Bbls. 1	Gas - MCF 870

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.

Monica Holler
(Signature)

Agent
(Title)

2/26/69
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY *[Signature]*
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.