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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

15 2 41 PM '65

I. Operator **Sam D. Ares**

Address **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Zattu Cushing** Well No. **1** Pool Name, including Formation **Jalmat - Seven Rivers** Kind of Lease **Federal**

Location

Unit Letter **F** ; **2310** Feet From The **North** Line and **2310** Feet From The **West**

Line of Section **23** , Township **24 S** Range **36 E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line Corporation Address (Give address to which approved copy of this form is to be sent)
Box 2648, Houston, Texas

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
Box 1384, Jal, New Mexico

If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23	Twp. 24 S	Rge. 36 E	Is gas actually connected?	When
					Yes	10/14/65

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.
							X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/21/29	9/9/65	3505	3440

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Jalmat	Seven Rivers	3210	

Perforations	Depth Casing Shoe
3210-14	3465

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Unknown	10	1267	Unknown
"	8 1/4	2825	"
"	6 5/8	3465	"

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.)	
9/9/65	9/28/65	Pump	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	70#		

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
248 bbls	33	215	500

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

A. L. Smith
(Signature)

Agent
(Title)

October 15, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Joe L. Ramirez**

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 Sections I, II, III, and VI only 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.