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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

JUL 17 2 20 PM '65

I. **GENERAL INFORMATION**
Well Name: Richard No. 3
Location: Beaumont, Texas
Reasons for filing (Check proper box):
Change in Transporter: ☐
Oil: ☐ Dry Gas: ☐
Casinghead Gas: ☐ Condensate: ☐
Change in Ownership: ☒
Other (Please explain): Oil produced as Richard No. 3 well
Beaumont, Texas, July 1, 1965.

If change of ownership give name and address of previous owner: Sun Oil Company - Formerly - Richard No. 3
Beaumont, Texas

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No. Pool Name, Including Formation	Kind of Lease	Fee
<u>Richard No. 3</u>	<u>36</u>	<u>State, Federal or Fee</u>	<u>Fee</u>
Section	Feet From The	Line and	Feet From The
<u>P</u>	<u>660</u>	<u>South</u>	<u>660</u>
Line of Section	Township	Range	County
<u>6</u>	<u>10N</u>	<u>10W</u>	<u>Beaumont</u>

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>Shell Pipe Line Corporation</u>	<u>1300 North Street</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>Shell Oil Company</u>	<u>1300 North Street</u>
If well produces oil or liquids, give location of tanks.	Unit: <u>L</u> Sec: <u>5</u> Twp: <u>10N</u> Rge: <u>10W</u> Is gas actually connected? <u>?</u> When: <u>?</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.	Diff. Res.
Date Spudded							F.B.T.D.	
Prod.	ILLEGIBLE						Tubing Depth	
Perforations							Depth Casing Shoe	

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	Flowing 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/MCF	Gravity of Condensate
Flowing Method (pilot, back prod.)	Tubing Pressure	Casing Pressure	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 _____, 19____
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 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.