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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 ~~NATURAL GAS~~

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Carter Foundation Production Company
Address
P. O. Box 900, Kermit, Texas 79745
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Plug back from Teague Devonian to Teague Elinebry.

If change of ownership give name and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL
DEVELOPED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill "B" Federal	Well No. 1	Pool Name, including Formation Teague Elinebry	Kind of Lease State, Federal or Federal Federal	Lease No. 064118
Location Unit Letter A ; 810 Feet From The North Line and 660 Feet From The East Line of Section 34 Township 23-S Range 37-E , NMPM, 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"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico 88252	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> E. C. Hill "B" Federal	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35
	Twp. 23-S	Rge. 37-E
	Is gas actually connected? Yes	When 1952

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 6-9-1974	Total Depth	P.B.T.D. 6,063					
Elevations (DF, RKB, RT, GR, etc.) 3,273 DF	Name of Producing Formation Teague Elinebry	Top Oil/Gas Pay 5,312	Tubing Depth 5,496					
Perforations Two 1/2" at 5,312, 5,326, 5,349, 5,489, 5,505, 5,522, 5,534, 5,544, 5,573, 5,583, 5,597, 5,614, 5,619, 5,655, 5,666, 5,696, 5,724, 5,731, 5,738, 5,753, 5,759,	TUBING, CASING, AND CEMENTING RECORD 5,770, 5,777, 5,783 & 5,789.		DEPTH SET 5,496					
HOLE SIZE 8 3/4"	CASING & TUBING SIZE 7"	CURRENT RECORD 7,104		SACKS CEMENT 900				
Tubing 2"	5,496							

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 6-9-1974	Date of Test 6-13-1974	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 350	Casing Pressure Packer	Choke Size 30/64
Actual Prod. During Test 158	Oil-Bbls. 80.58	Water-Bbls. 77.42	Gas-MCF 264.7

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.

E. C. Hill
(Signature)
Production Superintendent
(Title)
June 14, 1974
(Date)

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

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.