NO. OF COPIES RECE	ELVED	
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
BRODATION OFFICE		1

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-110

FILE	KEQUES!	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	AUTHORIZATION TO TRA	MIST ON TOTE AND MATORAE	0A3
OIL	7		
TRANSPORTER GAS			
OPERATOR	1		
PRORATION OFFICE			
Operator			
Carter Foundation	on Production Company		
Address			
P. O. Box 900, I	Cermit, Texas 79745		<u></u>
Reason(s) for filing (Check proper bo	·)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil - 🛣 Dry Ga	s	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo		T
E. C. Hill "MB"	2 Teague Blineb	ry Oil State, Feder	al or Fee Federal 064118
Location			
Unit Letter B ;	Feet From The North Lin	e and	The East
			_
Line of Section 34 To	ownship 23-5 Range 37	-E , NMPM,	Lea County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	delic formic to be conti
Name of Authorized Transporter of O	or Condensate	I .	
Texas-New Mexico Pipe	Line Company	P. O. Box 1510, Midl Address (Give address to which appr	and, Texas 79701.
Name of Authorized Transporter of C	asinghead Gas 💽 💎 or Dry Gas 🦳	Address (Give address to which appr	oved copy of this form is to be sent)
Il Taso Natural Gas C	ompany	Ki Paso, Texas	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	her.
give location of tanks.	5 23S 37E	Yes	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv
Designate Type of Complet	ion – (A)	*	X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1 -27-1953	L=25-1972	9,371	5,800
k_27_1953 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Ğas Pay	Tubing Depth
3.275 DF	Teague Elinebry Oil	5,457	5,404
Perforations	-		Depth Casing Shoe
<i>¥7+¥/</i> 7	TUBING, CASING, ANI	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET_	SACKS CEMENT
17-1/2	13-3/8	314	300
12-1/4	9-5/8	2,928	1,500
8_3/1.	7 n	2,337	675
	ŹĦ	5.404	<u> </u>
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load or	il and must be equal to or exceed top allo
OIL WELL	able for this de	epth or be for full 24 hours)	life ato 1
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	iiji, etc.j
			Chaba Sina
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
į			Gas - MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
1. CERTIFICATE OF COMPLIA			
f bander sambide abox abox selection and	d regulations of the Oil Conservation	APPROVED JUN	1 5 1972 , 19
in-mindion have been complied	with and that the information given	li –	rig. Signed by
above is true and complete to t	he best of my knowledge and belief.	BY	
		TITLE	Dist. I, Su pv.

Field Manager (Title) June 13, 1972

(Date)

APPROVED	JUN 15 1972 Orig. Signed by	19
	Orig. Signed by	
BY	Joe D. Ramey	
TITLE	Dist. I, Supv.	
111LE		

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.

3.41

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