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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

Operator Carter Foundation Production Company		
Address P. O. Box 900, Kermit, Texas 79745		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	And to change well number from Hill "A" 6 Federal to Hill "B" Well 4 Federal.
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 E. C. Hill "B" Federal	Well No. 4	Pool Name, Including Formation Teague Hlinebry	Kind of Lease State, Federal or Fee Federal	Lease No. 064118
Location				
Unit Letter H	1980	Feet From The North Line and 1989	Feet From The East	
Line of Section 34	Township 23-S	Range 37-E	NMPM, Lee	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico 88252	
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.
	X					X		X
Date Spudded	Date Compl. Ready to Prod. 8-16-1974		Total Depth		P.B.T.D. 5,806			
Elevations (DF, RKB, RT, GR, etc.) 3280 DF 3270 GR	Name of Producing Formation Teague Hlinebry		Top Oil/Gas Pay 5287		Tubing Depth 5297			
Perforations 5287, 95, 5308, 18, 26, 30, 41, 52, 60, 70, 78, 88, 98, 5406, 18, 26, 34, 45, 56, 62, 72, 81, 89, 5504, 12, 13, 26, 41, 50, 64, 5596,				Depth Casing Shoe 9521				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
PERF. 5613, 18, 30, 42, 52, 60, 67, 81, 88, 98, 5702, 10, 16, 24, 38, 43, 46, 57, 62, 72, 78, & 94.								
(Casing) 8-3/4"	7"		9,521		650 Sacks			
(Tubing)	2"		5,297					

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 8-16-1974	Date of Test 8-19-1974	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 650#	Casing Pressure Packer	Choke Size 1/4"
Actual Prod. During Test 223.74	Oil-Bbls. 203.74	Water-Bbls. 20	Gas-MCF 920.3 (GOR 4517)

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. L. Drake
(Signature)

Production Superintendent
(Title)

8-20-1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT I

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.