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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 <b>Carter Foundation Production Company</b>		
Address <b>P. O. Box 900, Kermit, Texas 79745</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 \_\_\_\_\_

Lease Name <b>E. C. Hill Federal</b>		Well No. <b>5</b>	Pool Name, Including Formation <b>Wildcat (Fusselman)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC 064118</b>
Location					
Unit Letter <b>E</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>510</b> Feet From The <b>West</b>					
Line of Section <b>35</b> Township <b>23-South</b> Range <b>37-East</b> , NMPM, <b>Lea</b> County					

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)	
<b>Texas-New Mexico Pipe Line Company</b>				<b>Box 52332, Houston, TX 77052</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
<b>El Paso Natural Gas Company</b>				<b>Box 1492, El Paso, TX 79999</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>35</b>	Twp. <b>23S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b> When <b>12-3-76</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date <del>XXXXXX</del> P.B. <b>10-27-76</b>	Date Compl. Ready to Prod. <b>12-3-76</b>		Total Depth <b>9734'</b>		P.B.T.D. <b>8200'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>3254' Gr</b>	Name of Producing Formation <b>Fusselman</b>		Top Oil/Gas Pay <b>8069'</b>		Tubing Depth <b>8118'</b>				
Perforations <b>8069', 73', 77', 86', 90', 94', 98', 8102', 06' &amp; 10'</b>					Depth Casing Shoe <b>9729'</b>				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>13-3/8"</b>		<b>48#</b>		<b>316'</b>		<b>300 sx-circ.</b>			
<b>9-5/8"</b>		<b>32#, 36# &amp; 40#</b>		<b>2908'</b>		<b>1500 sx-circ.</b>			
<b>7"</b>		<b>23#, 26# &amp; 29#</b>		<b>9729'</b>		<b>650 sx-Top 5650'</b>			

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 <b>12-3-76</b>	Date of Test <b>12-10-76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>25 psi</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>50.2</b>	Oil-Bbls. <b>40.2</b>	Water-Bbls. <b>10.0</b>	Gas-MCF <b>14 MCF</b>

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		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____	
_____ (Signature) <b>Agent</b> (Title) <b>12-16-76</b> (Date)		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 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.	

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OIL CONSERVATION COMM.  
HOBBBS, H. M.