

COPIES RECEIVED	
ISTRIBUTION	
A FE	
.S.	
D OFFICE	
NSPORTER	OIL
	GAS
RATOR	
ORATION OFFICE	
ITOR	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION FOR TRANSPORT OF OIL AND NATURAL GAS

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

Name of Lessee	
P. O. Box 730 - Hobbs, New Mexico 88240	
Person(s) for filing (Check proper box)	Other (Please explain)
Well <input type="checkbox"/>	Change of Lease from Mexico "L" Well #20 effective June 1, 1960
Completion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Change of ownership give name and address of previous owner Skelly Oil Co., P. O. Box 730 - Hobbs, New Mexico 88240

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name <u>West Collarville</u>		<u>82</u>	<u>Indiarine 2nd-formation</u>	State, Federal or Fee <u>State</u>	<u>B-9312-5</u>
Location					
Unit Letter <u>F</u>	<u>1662</u> Feet From The <u>North</u> Line and <u>2130</u> Feet From The <u>West</u>				
Line of Section <u>5</u>	Township <u>25S</u>	Range <u>38E</u>	, NMPM, <u>Lea</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		<u>P. O. Box 1500 Hobbs, Texas 79701</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>El Paso Natural Gas Company</u>		<u>P. O. Box 1492 - El Paso, Texas 79999</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>5</u>	Twp. <u>25S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u>	When

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to P						P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form						Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING							SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE								

ILLEGIBLE

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	Producing 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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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.

(ORIGINAL SIGNED) V. E. FLETCHER

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

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.