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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 AND NATURAL GAS

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

I. **OWNER**
Name: William F. Granger
Address: Box 953, Midland, Texas
Reason(s) for filing (check proper box) Other (Please explain)
New Well ☒ Change in Ownership ☐
Existing Well ☐ Oil ☐ Dry Gas ☐
Transportation ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Russell Federal</u>	Well No. Pool Name, Including Formation <u>100-100-100-100</u>	Kind of Lease State, Federal or Other <u>State</u>
Location <u>Box 953, Midland, Texas</u>	Unit Letter <u>1</u> Feet From The <u>100</u> Line and <u>100</u> Feet From The <u>100</u>	
Line of Section <u>1</u> , Township <u>6N</u> , Range <u>10E</u> , N.M.P.M., County <u>Midland</u>		

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Revenue Commission</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 953, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Midland Petroleum Co., Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 953, Midland, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded <u>2/1/65</u>	Date Compl. Ready to Prod. <u>2/1/65</u>	Total Depth <u>100</u>	Rig T.D. <u>100</u>					
Pool <u>100-100-100-100</u>	Name of Producing Formation <u>100</u>	Top Oil/Gas Pay <u>100</u>	Tubing Depth <u>100</u>					
Performances <u>100</u>			Depth Casing Shoe <u>100</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>100</u>	<u>100</u>		<u>100</u>		<u>100</u>			
<u>100</u>	<u>100</u>		<u>100</u>		<u>100</u>			
<u>100</u>	<u>100</u>		<u>100</u>		<u>100</u>			

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 <u>2/1/65</u>	Date of Test <u>2/1/65</u>	Producing Method (Flow, pump, gas lift, etc.) <u>100</u>	
Duration of Test <u>100</u>	Tubing Pressure <u>100</u>	Casing Pressure <u>100</u>	Choke Size <u>100</u>
Actual Prod. During Test <u>100</u>	Oil-Bbls. <u>100</u>	Water-Bbls. <u>100</u>	Gas-MCF <u>100</u>

GAS WELL

Actual Prod. Test-MCF <u>100</u>	Length of Test <u>100</u>	Bbls. Condensate/MCF <u>100</u>	Gravity of Condensate <u>100</u>
Producing Method (pilot, back prod.) <u>100</u>	Tubing Pressure <u>100</u>	Casing Pressure <u>100</u>	Choke Size <u>100</u>

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.

William F. Granger
(Signature)

(Title)
2/1/65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John G. Hines
TITLE SUPERVISOR DISTRICT

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 Sections I, II, III, and VI only 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.