Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, No. 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	٦	TO TRAN	ISPOR	IT OII	L AND NA	TURAL G	AS				
Operator						-	Well	API No.			
Dallas McCasland					··						
Address c/o Oil Reports & Gas	Service	e Inc	Boy	755	Hobbs	NM 882	<i>A</i> 1				
Reason(s) for Filing (Check proper box)	001 1100	,3, 1110.	, Box			er (Please expl		······································			
New Well		Change in Ti	ransporter	of:							
Recompletion	Oil	ם 🗆	ry Gas		E	ffective	11/1/9	1			
Change in Operator	Casinghead	i Gas 👿 C	Condensate								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	ANDIEA	CE	7				`\				
Lease Name	AND LEA		nol Name	Includ	ing Formation		Kind	of Lease	1	ease No.	
State "O"					gh Yates-SR			State, Pedaka de Pes			
Location					<u> </u>						
Unit Letter B	•	990 _F	eet From 1	The No	orth Lin	and 231	10 F	et From The	East	Line	
		• '	· · · · · · · · · · · · · · · · · · ·			· ····	•	et Pom The .			
Section 32 Townshi	p 26S	R	ange	37E	, N	MPM,		Lea		County	
III. DESIGNATION OF TRAN	CDADTEI	OF OU	ANDA	. T A "T" A T	DAT CAC						
Name of Authorized Transporter of Oil		or Condensal		AIU		e address to wh	ich approved	copy of this f	orm is to be se	nt)	
Koch Oil company	(X)		L		1	Box 2256,				· 	
Name of Authorized Transporter of Casing		Address (Give address to which approved copy of this form is to be sent)									
Sid Richardson Carbon & Gasoline Co.					1st Cit	y Bank To	ower, 2	Ol Main St, FtWorth TX			
If well produces oil or liquids, give location of tanks.	! :		wp.	Rge.	1 -	y connected?	When	?			
,	C			37E	Yes			11/7/	77		
If this production is commingled with that it IV. COMPLETION DATA	from any other	r lease or poo	ol, give co	mmingl	ing order numb	xer:					
IV. COM ELION DATA	<u></u>	Oil Weli	Gas V	Vell	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)]					Dupu	Ting Dear	James Ros V		
Date Spudded	Date Compl	ate Compl. Ready to Prod.			Total Depth			P.B.T.D.			
					Ton Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Casin	Shoe		
	CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
I	1							·			
			· · · · · · · · · · · · · · · · · · ·					ļ			
TEST DATA AND REQUES	T FOR AT	LOWAR	I.E.		<u></u>			<u> </u>			
OIL WELL (Test must be after re				d must i	be equal to or :	exceed top allo	wable for this	depth or he f	or full 24 hours	r.)	
Date First New Oil Run To Tank	Date of Test					thod (Flow, pur			, <u>, , , , , , , , , , , , , , , , , , </u>	···	
ength of Test	Tubing Pressure				Casing Pressur	re		Choke Size			
							······································	2 1/25			
Actual Prod. During Test	est Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>							L			
GAS WELL						4.87.59		<u>, ,</u>			
Actual Prod. Test - MCF/D	Length of Te	EEL			Bbls. Condens	ale/MMCF		Gravity of Co	ondensale		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressur	e (Shut-in)		Choke Size			
I. OPERATOR CERTIFICA	ATE OF (OMPLI	ANCE					L.,			
I hereby certify that the rules and regular						IL CON	SERVA	ATION [DIVISIO	N	
Division have been complied with and the	nat the inform	ation given al									
is true and complete to the best of my kr	lowledge and	Delief.			Date	Approved	l				
- Danna Hole				ı		• •	igned				
. •					By_	Paul	Kautz				
Signature Donna Holler Agent					Geologist						
Printed Name 11-20-91	505-30	Tiu 3-2727	le	_	Title_		· <u> </u>				
Date		Telephor	ne No.	-		*** *** ***					
					1						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.