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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 1-1-85

SEA SAND OIL COMPANY

917 Baker Building - Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

If change of ownership give name and address of previous owner

J. Cleo Thompson 4500 Republic Bank Tower Dallas, Texas 75201

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
WILKS FEDERAL	8	Scarborough Yates 7-Rivers	State, Federal or Fee Federal	30120
Location				
Unit Letter	A	330 Feet From The	N Line and	330 Feet From The
Line of Section		33	Township	26
Range		37	N.M.P.M.	
Lea		County		

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Charter International	P.O. Box 5008 Houston, Texas 77012					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Does well produce oil or liquids, have location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	G	33	26	37	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't'n.	Dim. Test
	X		X				X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
9-10-85	10-26-83		5540'		5500'			
Elevations (D.F., F.B.B., RT., GR., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
2965 GR	Yates 7-Rivers		5130		3080'			
Perforations					Depth Casing Shoe			
	5130-5235				5340'			
TUBING, CASING, AND CEMENTING RECORD								
CO. & SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
2 1/2" Casing	8 5/8"		84'		40 Circulated			
2 1/2" Csg.	5 1/2"		3440		150 Sack Cement			
2 1/2" Csg.	2" EUE		5080'					

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed testable 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.)	
10-25-85	10-26-83	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
24 hours	580 #/sq. in.	Packer 0	12 6/4"
Flow Rate (bbls./hr.)	CHORE'S.	Flow Rate (bbls./hr.)	Flow Rate (bbls./hr.)
81.2	81.2	1	81.2
WELL			
Flow Rate (bbls./hr.)		Flow Rate (bbls./hr.)	
Flow Rate (bbls./hr.)		Flow Rate (bbls./hr.)	

CERTIFICATE OF COMPLIANCE

I, the undersigned, hereby certify that the information given herein is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

NOV 17 1983

APPROVED: _____, 1983

BY: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE: _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or reworked well, this form must be submitted to the District Supervisor of the well in which the well is located, and to the District Supervisor of the well in which the well is to be drilled or reworked.

All requests for allowable for a well in which the well is to be drilled or reworked must be submitted to the District Supervisor of the well in which the well is to be drilled or reworked.

Full name of District Supervisor: _____