

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Date: 7-1-67

Supersedes O.C. 104 and C-110
Effective 1-1-67

CONTRACT NO. _____
WELL NO. _____
LEASE NO. _____
LAND OFFICE _____
TRANSPORTER _____
OPERATOR _____
PRODUCTION OFFICE _____

Reasons for filing (Check proper box)

Other (Please explain)

New Well ☐

Change in Transporter of:

Change in Lease ☐Oil ☐Dry Gas ☐

Change in lease name.

Change in well name ☐Casinghead Gas ☐Condensate ☐If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: G. L. Erwin "B" NOT-2 Well No.: ACT-2 Kind of Lease: Federal
Location: Justis Tubb-Drinkard
Unit Letter: P 660 Feet From The South Line and 660 Feet From The East
Line of Section 35 Township 24-S Range 37-E MEM Lea County

III. DESIGNATION 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)
Texas-New Mexico Pipe Line Company P. O. Box 1510 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company P. O. Box 1384 - Jal, New Mexico
If well is producer of liquids, give location of tanks. Unit Sec. Twp. Rng. Is unit actually connected? When
J 35 24-S 37-E Yes June 10, 1963

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'v. Diff. Res'v.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ F.B.T.D. _____
Depth _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Size _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Time 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 Flow During Test _____ Oil-Bbls. _____ Water-Bbls. _____ Gas-MCF _____

GAS WELL

Actual Flow Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Producing Method (flow, back pr.) _____ Tubing Pressure _____ Casing Pressure _____ 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 _____

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 test 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 multiple

E. H. SCOTT

(Signature)

E. H. SCOTT

(Title)

SEP 1 1967

(Date)