

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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-1104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Tahoe Oil & Cattle Co.	
Address P. O. Box 3084, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in lease name (Change from Ramsey NCT-C #1 to Ramsey State #6)	

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

Lease Name Ramsey State		Well No. 6	Pool Name, Including Formation Langlie - Mattix	Kind of Lease State, Federal or Fee State	Lease No. B1732
Location					
Unit Letter D : 330 Feet From The North Line and 330 Feet From The WEST					
Line of Section 36 Township 24S Range 37E, NMPM, Lea- County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Texas-New Mexico Pipeline		Box 1510, Midland, Texas 79702			
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)			
El Paso Natural Gas		P. O. Box 1492, El Paso, Texas			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 24S	Rge. 37E	Is gas actually connected? When no

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/23/50	Date Compl. Ready to Prod. 3/21/51	Total Depth 3452'		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) DF 3154'	Name of Producing Formation Queen	Top Oil/Gas Pay 3340'		Tubing Depth 3426'					
Perforations Open hole 3281-3452'		Depth Casing Shoe 3281'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 15" 8-3/4"	CASING & TUBING SIZE 3-3/4" 7"	DEPTH SET 342' 3281'		SACKS CEMENT 425 sx 750 sx					

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

Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

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.

J. A. Freeman
(Signature)

Engineer
(Title)

11/19/70
(Date)

OIL CONSERVATION COMMISSION

APPROVED DECEMBER 19

BY Jerry Sexton
Orig. Signed by
Dist. 1. Supv.

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.