DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

----March-1-, 1970

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

į	FILE		AND			
	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL (GAS		
	LAND OFFICE					
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
Ē.	PRORATION OFFICE					
•	Operator					
	Terra Resources, In	C.				
	Address	Address				
	309 Bank of Commerc	309 Bank of Commerce, Abilene, Texas 79605				
	Kecson(s) for Hilling (Check proper box,	,	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas	· 🖳	·		
	Change in Ownership X	Casinghead Gas Condens	sate			
	If change of ownership give name and address of previous owner	CRA Inc. 309 Bank of	f Commerce, Abilene, Te	xas 79605		
	and address of previous owner		,			
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Fool Name, Including Fo	ormation Kind of Leas	Lease No.		
	Carlson B-13	2 Langlie Matt	State, Feder	ol or Fee Federal 051998		
	Location					
	Unit Letter B ;990	Feet From The NLine	e and Feet From	The F.		
	Unit Letter B : 990	()				
	Line of Section 72 Tov	waship 25% Range 3	7E , NMPM, Lea	County		
	<u></u>		1			
7	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
	¥		Box 1510 Midland T	'exas		
	Texas-New Mexico P	stagnedd Gas X Oth Danyry Gas	Box 1510 Midland T Address (Give address to which appro	oved copy of this form is to be sent)		
	El Paso Natural Gas	s Company	Box 1384, Jal, New M	fexico		
	is well produced oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	hen		
	cive location of tanks.	G 13 255 37E	Yes	8-4-55		
	The second of win	th that from any other lease or pool,	give commingling order number:			
īV	COMPLEMON DATA	th that from any other rease of poor,				
	i	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	$\operatorname{on} - (X)$		1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v	TENT DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-		
•	OLL WELL	aoie for this ae	pth or be for full 24 hours)	26		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	00/00 E4E4/		
	i		Cardon Brosson	Choke Size		
	Longth of Teat	Tubing Pressure	Casing Pressure	CHORD SIZE		
			Water Bhis	Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.			
	·		<u> </u>			
	GAITWARL		Bhia Condensate ABICE	Gravity of Condensate		
	Actual Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Granty or condensate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Capital Languis (pures see)			
		<u> </u>				
VI	CENTIFICANE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation		OIL CONSERV	ATION COMMISSION		
			APPROVED , 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY THE	BY The			
	above is true and complete to the best of my knowledge and bester.		The responsibility of			
			TITLE CONTRICT This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	ニニー・マー・マイング ピノイ		If this is a request for all	OWADIA tol a liousy and		
	Sign (Sign	nature)	Il all the form must be eccome	povied by a fabilistion of the deviation		
	Office Manager	nature)	well, this form must be accompanied tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests taken on the well in accompanied to the second tests to the second test to the second tests to the second test tests to the second test to the second test tests tests to the second test tests to the second test tests to the second test tests tests to the second test tests tests tests to the second test tests	povied by a fabilistion of the deviation		

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.

Seconds Forms C-104 must be filed for each pool in multiply completed wells.