Operator			
Operator			_
PRORATION OFFICE			
OPERATOR			
	GAS		
TRANSPORTER	OIL		
LAND OFFICE			
U.S.G.S.			
FILE			
SANTA FE			
DISTRIBUTION			
NO. OF COPIES RECEIVED		İ	

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		Form C-104
SANTA FE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OF THE PROPERTY OF		
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL G	Ą\$
LAND OFFICE		0.100	11 67 M '65
TRANSPORTER			03
GAS			
OPERATOR			
PRORATION OFFICE Operator			
CRA. Inc.			
Address			
Dam 60 tol	Nasa Mandan		
Reason(s) for filing (Check proper	NOW MEXICO	Other (Please explain)	
New Well	Change in Transporter of:	Other (Fisase explain)	
Recompletion		Gas Change in Pool I	esignation
Change in Ownership	Casinghead Gas Con	densate	
If change of ownership give nam	ne		
and address of previous owner _			
I. DESCRIPTION OF WELL AS			7
Lease Name	Lease No. Well No. Pool	Name, Including Formation	Kind of Lease
Carlson B 13		ustis Klinebry	State, Federal or Fee
Location	·		
Unit Letter G; 2	310 Feet From The Korth I	ine and 1980 Feet From T	the
Line of Section 13	Township 253 Range	37E , NMPM, Lea Co.	. New Mexico County
. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL (GAS	
Name of Authorized Transporter of	Oil 🔼 or Condensate 🗌	Address (Give address to which approv	ed copy of this form is to be sent)
Texas New Mexico Pi	ne line Company	Box 1510, Midland, To	ras
Texas New Mexico Pi Name of Authorized Transporter of	Casinghead Gas [] or Dry Gas [Address (Give address to which approv	ed copy of this form is to be sent)
El Paso Natural Gas	Unit Sec. Twp. Rge.	Box 1384, Jal New Me Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.			
give location of tanks,	Н 13 258 378	Yes	8-2-65
If this production is commingled	with that from any other lease or poo	1, give commingling order number:	
COMPLETION DATA			
Designate Type of Compl	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest
, , , ,	Dial	$X \rightarrow X$	<u> </u>
Date Spudded \	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Dual Old Well	6-2-65	8774	60101
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth
\	Elinebry	50051	5357*
Perforations FORING FOLDS	52791-52871-53201-53281-5		Depth Casing Shoe
54231-54361-54491	l hole ner lat.	305.433(6.43392.43842.4	87741
		ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/8	4351	\A50 /
\			
\	9 5/8	3443 ×	1395
	— ————————————————————————————————————		
	5 1/2	8774 / GL	1235
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil a	nd must be shual to or exceed top all:
OIL WELL	- 	depth or be for full 24 hours	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
5-26-65	6-1-65	N-flow	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
14 hr.	390#	1160#	/ 16/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gag-MCF
180	180	\ \	/ 325.0
200	1		\ \ \
GAS WELL		· ·	Ţ,
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1	- T	,	• • • • • • • • • • • • • • • • • • • •
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
resting Method (prot, buck pri)	I doing Pressure	Cuaing Fleasure	Choke Size
			<u> </u>
. CERTIFICATE OF COMPLIA	ANCE	OIL CONSERVAT	TION COMMISSION
		March 1	1965
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19
Commission have been complie	d with and that the information give	n •	
above is true and complete to	the best of my knowledge and belief	BY	-
		TITLE	
10 11		This form is to be filed in co	=
- for that	Gr.	If this is a request for allowe	able for a newly drilled or deepen
15	(Ignature)	well, this form must be accompan tests taken on the well in accord	ied by a tabulation of the deviati
Production Super:			TANK TUBE 1111
_	Intendent	F1	
October 5, 1965	intendent (Title)	F1	t be filled out completely for allo

(Date)

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.

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