

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-104

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

40275
JAN 21 1966
51
A11 '66

I. Operator
George L. Buckles

Address
P. O. Box 56 - Monahans, Texas

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Re-entered plugged and abandoned well and completed as a producer.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

Condensate ☐

If change of ownership give name and address of previous owner **Well plugged and abandoned by Albert Gackle on August 5, 1959**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stuart Tract No. 4	Well No. 1	Pool Name, Including Formation Langlie-Mattix	Kind of Lease State, Federal or Fee Fee
Location Unit Letter C ; 520 Feet From The North Line and 2090 Feet From The West Line of Section 15 , Township 25-S Range 37-E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910 Midland, Texas	
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)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 15
	Twp. 25-S	Rge. 37-E
	Is gas actually connected? NO When	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
	X		Re-entry					
Date Spudded November 29, 1965	Date Compl. Ready to Prod. December 22, 1965		Total Depth 3405'		P.B.T.D. -			
Pool Langlie-Mattix	Name of Producing Formation Queen		Top Oil/ XXXX 3360		Tubing Depth 3390			
Perforations Open Hole Completion					Depth Casing Shoe 3222.3			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 3/4"	9 5/8"		191.5		100			
8"	7"		3222.3		400			

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)

Date First New Oil Run To Tanks January 18, 1966	Date of Test January 18, 1966	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 11.53 barrels	Oil-Bbls. 8.75	Water-Bbls. 2.78	Gas-MCF Too small to measure

GAS WELL

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

VI. 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.

John A. Bates (John A. Bates)
(Signature)

Office Manager
(Title)

January 21, 1966
(Date)

OIL CONSERVATION COMMISSION

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 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 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 multiply completed wells.