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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

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## NEW MEXICO OIL CONSERVATION COMMISSIC.. REQUEST FOR ALLOWABLE OFFICE O. C. C.

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

FILE			AND	Unnna o	.,		
U.S.G.S.	AUTHORI	ZATION TO TE		OII AND N	ATURAL	245	
LAND OFFICE	AGTHOR	ZATION TO TE		TIEC I'U'	11 53 A	<b>1</b> '	
OIL				DEC 17	11 33 11	· ==	
TRANSPORTER							
GAS	<del></del>						
OPERATOR							
PRORATION OFFICE							
Operator	Landal am						
George L. I	MCKIEB						
	6 - Monahans, T	exas					
Reason(s) for filing (Check proj	per box)			Other (Please	explain)		_
New Well	Change in Ti	ransporter of:		Change le	ase nam	e from F. Stuart t	O
Recompletion	Oil	Dry	Gas	Stuart Tra	ct No. 6		
Change in Ownership X	Casinghead	Gas Con	densate				
If change of ownership give r	ame Amerada	. Petroleum C	Corporation	n, P. O. B	lox 668 -	Hobbs, New Mex	ico
DESCRIPTION OF WELL	AND LEASE						
Lease Name		Well No. Pool		g Formation		Kind of Lease	<b>8</b>
Stuart Tract No. 6		1	Jalmat			State, Federal or Fee	Pee
Location	1650 Feet From	North	165	50		East	
Unit Letter <b>G</b> ;	Feet From	North North	Line and		_ Feet From	The	
Line of Section 22	, Township 25 \$	Range	<b>37</b> E	, NMPM,	Lea		Cour
DESIGNATION OF TRANS			GAS	C: 11 A	lisk anna	oved copy of this form is to	o ha santi
Name of Authorized Transporte	of Oil or Conc	lensate	Address (	Give adaress to	o wnien appre	oved copy of this form is to	o de sem)
	10/ *	- V	•				
Name of Authorized Transporte Northern N	of Casinghead Gas 📺	or Dry Gas		Give address to lobbs, Ne		oved copy of this form is to	o be sentj
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas act	ually connecte	d? WI	nen	
If this production is comming	led with that from any	other lease or poo	ol, give comm	ingling order	number:		-
COMPLETION DATA				Workover	Deeper.	Plug Back   Same Res	'v. Diff. Re
Designate Type of Cor		Well Gas Well	New well	l workover	l l	Flag Buck Ballie Fles	!
Date Spudded	Date Compl. Rea	dy to Prod.	Total Dep	oth		P.B.T.D.	<u> </u>
Fool	Name of Produci	ng Formation	Top Oil/C	Gas Pay		Tubing Depth	
Pool	Itame of Froduct						
Df						Depth Casing Shoe	
Perforations							
		BING, CASING, A	ND CEMENT				
HOLE SIZE	CASING 8	TUBING SIZE		DEPTH SE	T	SACKS CEN	ENT
TEST DATA AND REQUI	EST FOR ALLOWAB	LE (Test must b	e after recover s depth or be fo	y of total volu or full 24 hours	me of load oi	l and must be equal to or e	exceed top
OIL WELL  Date First New Oil Run To Ta	nks Date of Test	aute for this	T	y Method (Flow		lift, etc.)	
Length of Test	Tubing Pressure	•	Casing P	ressure	<u> </u>	Choke Size	
Actual Prod. During Test	Oil-Bbls.		Water - Bb	ols.		Gas-MCF	

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

## 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)	

December 13, 1965

## OIL CONSERVATION COMMISSION

APPROVED_		, 19	19		
AL PROVED					
(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.

NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
SANTA FE			
FILE		AND	IIOBBS OFFICE OECece 1-1-65
U.S.G.S.	AUTHODIZATION	TO TRANSPORT OIL AND N	MELINDAL MAS
LAND OFFICE	AUTHORIZATION	TO TRANSPORT OIL AND N	ecyan 11/23 ah 182
TRANSPORTER GAS	·		
OPERATOR			
PRORATION OFFICE			
George L. Buckles			<u>.</u>
P. O. Box 56 - Monah			
Reason(s) for filing (Check proper b	iox)	Other (Please	ease name from F. Stuart
New Well	Change in Transporter o	· · · · · · · · · · · · · · · · · · ·	
Recompletion	Oil	Dry Gas <b>to Stuart</b>	Tract No. 6
Change in Ownership	Casinghead Gas	Condensate	
If change of ownership give name and address of previous owner	D LEASE	Orporation, P. O. Box 66	Kind of Lease
Stuart Tract No. 6	1	Langlie-Mattix	State, Federal or Fee Fee
Location			
Unit Letter <b>G</b> ; <b>1</b>	650 Feet From The Nort		Feet From The East
Line of Section 22	Township 25 S	Range 37 E , NMPM,	Lea Cou
El Paso Natural Gas (	Company Unit Sec. Twp.	P. O. Box 14	·
If well produces oil or liquids, give location of tanks.		Yes	Unknown
If this production is commingled COMPLETION DATA		e or pool, give commingling order	Deepen Plug Back Same Res'v. Diff. R
Designate Type of Comple		as Well New Well Workover	Deepen Frag Buck Sume Nes v. Diri. It
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formatio	on Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
Perforations	TUBING, CAS	SING, AND CEMENTING RECORI	
Perforations  HOLE SIZE	TUBING, CAS		)
			)
			)
			)
			)
HOLE SIZE  TEST DATA AND REQUEST	CASING & TUBING  FOR ALLOWABLE (Test	SIZE DEPTH SE  t must be after recovery of total volum for this depth or be for full 24 hours,	SACKS CEMENT  SACKS CEMENT  The of load oil and must be equal to or exceed top
	CASING & TUBING  FOR ALLOWABLE (Test	SIZE DEPTH SE	SACKS CEMENT  SACKS CEMENT  The of load oil and must be equal to or exceed top of the load oil and must be equal to other equa
HOLE SIZE  TEST DATA AND REQUEST OIL WELL	CASING & TUBING  FOR ALLOWABLE (Test able	SIZE DEPTH SE  t must be after recovery of total volum for this depth or be for full 24 hours,	SACKS CEMENT  SACKS CEMENT  re of load oil and must be equal to or exceed top of
HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks	CASING & TUBING  FOR ALLOWABLE (Test able	t must be after recovery of total volum for this depth or be for full 24 hours.  Producing Method (Flow	SACKS CEMENT  T SACKS CEMENT  The of load oil and must be equal to or exceed top of pump, gas lift, etc.)
HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test	CASING & TUBING  FOR ALLOWABLE (Test able  Date of Test  Tubing Pressure	t must be after recovery of total volume for this depth or be for full 24 hours.  Producing Method (Flow)  Casing Pressure	SACKS CEMENT  SACKS CEMENT  Temporal of load oil and must be equal to or exceed top of pump, gas lift, etc.)  Choke Size
TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test	CASING & TUBING  FOR ALLOWABLE (Test able  Date of Test  Tubing Pressure	t must be after recovery of total volume for this depth or be for full 24 hours.  Producing Method (Flow)  Casing Pressure	SACKS CEMENT  SACKS CEMENT  The of load oil and must be equal to or exceed top pump, gas lift, etc.)  Choke Size
HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test	CASING & TUBING  FOR ALLOWABLE (Test able  Date of Test  Tubing Pressure	t must be after recovery of total volume for this depth or be for full 24 hours.  Producing Method (Flow)  Casing Pressure	SACKS CEMENT  SACKS CEMENT  T SACKS CEMENT  The of load oil and must be equal to or exceed top of the pump, gas lift, etc.)  Choke Size  Gas-MCF

## 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 Manag	er
(Title)	
December 13, 196	5

(Date)

TITLE -This form is to be filed in compliance with RULE 1104.

APPROVED

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OIL CONSERVATION COMMISSION

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