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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
DEC 14 11 53 AM '65

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

I.

Operator George L. Buckles	
Address P. O. Box 56 - Monahans, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change lease name from F. Stuart to Stuart Tract No. 6
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Amerada Petroleum Corporation, P. O. Box 668 - Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stuart Tract No. 6	Well No. 1	Pool Name, Including Formation Jalmat	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter G	1650	Feet From The North	Line and 1650	Feet From The East
Line of Section 22	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 type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas Company	Hobbs, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas Company	Hobbs, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	

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	Gas Well	New Well	Workover	Deeper.	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbbls.	Water-Bbbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. 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)
December 13, 1965
(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.

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

REQUEST FOR ALLOWABLE HOBBS OFFICE 06-6
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 14 11 53 AM '65

I. Operator
George L. Buckles
Address
P. O. Box 56 - Monahans, Texas
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☒ Casinghead Gas ☐
Other (Please explain)
Change lease name from F. Stuart to Stuart Tract No. 6

If change of ownership give name and address of previous owner **Amerada Petroleum Corporation, P. O. Box 668 - Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Stuart Tract No. 6** Well No. **1** Pool Name, Including Formation **Langlie-Mattix** Kind of Lease **State, Federal or Fee** Fee
Location
Unit Letter **G** ; **1650** Feet From The **North** Line and **1650** Feet From The **East**
Line of Section **22** , Township **25 S** Range **37 E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1492 El Paso, Texas
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
Yes **Unknown**

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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Pool 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. 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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbbls. Water-Bbbls. Gas-MCF

GAS WELL

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

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