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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION [illegible]
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and [illegible]
Effective 1-1-65

I.

Operator

Address

Reason(s) for filing (check proper box)

New Well		Change of Transporter of:	
Recompletion		Oil	Dry Gas
Change of Ownership	X	Casinghead Gas	Condensate

Other

If change of ownership give name and address of previous owner TIDEWATER OIL COMPANY, BOX 249, HOBBS, NEW MEXICO

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Location

Unit Letter [illegible] Feet From The [illegible] Line and [illegible] Feet From The [illegible] Line

Line of Section 24 Township [illegible] Range [illegible]

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

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)

Date Spudded Date Compl. Ready to Prod. Total Depth

Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay

Perforations

TUBING, CASING, AND CEMENTING

HOLE SIZE	CASING & TUBING SIZE	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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.

C. R. Wade
(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED [illegible], 19[illegible]

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 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.