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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> 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

Operator Solar Oil Company			
Address P. O. Box 5114, Midland Texas			
Reason(s) for filing (Check proper box)		Other (please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in Operator	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner: Previous Operator - Bronco Oil Corporation

II. DESCRIPTION OF WELL AND LEASE

Lease Name G. W. Dabbs	Well No. Pool Name, Including Formation 1 Langlie Martix	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C 330 Feet From The North Line and 2310 Feet From The West			
Line of Section 35 Township 25 Range 37, NMEM, 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)		
Temporarily Abandoned			
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	Sec.	Twp. Rge. Is gas actually connected? 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spaced	Date Compl. Ready to Prod.	Total Depth		P.S.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
POLE 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

W. C. Dabbs
(Signature)
Vice President
(Title)
1 May 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John L. Kitting
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.

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PRODUCTION 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

I. OPERATOR
 BRONCO OIL CORPORATION
 Address: 2101 W. Texas, Box 5114, Midland, Texas
 Reason for filing (Check proper box)
 New Well ☐ Change in Transporter oil ☐
 Redecompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☒ Gas/headers Gas ☐ Condensate ☐
 If change of ownership give name and address of previous owner: SUNRAY OX OIL CO.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Well Name	Kind of Lease	Fee
G. W. Dabbs	1		Langlie Mattix (Queen)	State, Federal or Fee	
Location					
Unit Letter	C	330	Feet From The	North	2,970
			Feet From The	East	
Line of Section	35	Township	25-S	Range	37-E
				Map	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"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Co.	Box 1910, Midland, Texas
Name of Authorized Transporter of Gas/headers Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 1384, Jal, New Mexico
Is well producer oil or liquids, give location of tanks.	Unit Sec. Twp. Rpt. Is gas initially compressed? When
	35 25-S 37-E 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resrv. <input type="checkbox"/> Diff. Resrv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
4/29/38	8/12/38
Elevation (DF, RRD, RT, GR, etc.)	Name of Producing Formation
3021 GL	Queen
Perforated unit	Top Oil Gas Per
2944-3240	3205
	Depth Casing Shoe
	Unknown

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13"	435'	100
	8 5/8"	1198'	100
	5"	2944'	150
	2"	391'	0

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

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O.S.G.S. _____
LAND OFFICE _____
OPERATOR _____

5a. Indicate Type of Lease
Rate ☐ Fee ☒
5. State Oil & Gas Lease No. _____

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. Name of Operator
Sundry Oil Company

3. Address of Operator
P. O. Box 1216, Roswell, New Mexico

4. Location of Well
UNIT LETTER C 330 FEET FROM THE North LINE AND 2310 FEET FROM
THE West LINE, SECTION 35 TOWNSHIP 25 RANGE 37 N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3021 DF

7. Unit Agreement Name

8. Farm or Lease Name

G. W. Dabbs

9. Well No.

1

10. Field and Pool, or Wildcat
Lanellie Mattie

12. County
La

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

Semi-Annual TA Report ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work; SEE RULE 1103.

TA pending possible workover or secondary recovery possibilities.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED John Hastings

TITLE Production Engineer

DATE 7-13-66

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
		5. State Oil & Gas Lease No.
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Sunray Oil Company		8. Farm or Lease Name G. M. Dabbs
3. Address of Operator P. O. Box 1411, Roswell, New Mexico		9. Well No. 1
4. Location of Well UNIT LETTER C 230 FEET FROM THE North LINE AND 2110 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 25 RANGE 34 NMPM.		10. Field and Pool, or Wildcat Janglelic Mattix
15. Elevation (Show whether DE, RT, GR, etc.) 3021 FT		12. County S

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Self-Abandonment TA Report

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TA pending possible workover or secondary recovery possibilities.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED B. F. Rowley TITLE District Engineer DATE 1-12-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: