

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

SEP 23 1965

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

Seco Production Company

616 Vaughn Bldg., Midland, Texas

Reason for filing (check one):

Other: Please explain:

Transporter ☒ Name of Company: _____
City: _____ State: _____
If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

County: **Crawford State** Section: **1** Stateline: **Stateline Allenberger** State: _____
North: **N** East: **660** South: **South** West: **2209** Feet From Top: **West**
Depth: **4** Length: **245** Width: **38** Lease: **Lea** Tract: _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter (check one): ☒ The Permian Corporation ☐ P. O. Box 3119, Midland, Texas
Address (Give address to which approved copy of this form is to be sent):
Not Determined
Name of Transporter: _____
City: _____ State: _____
Depth: **L** Section: **4** East: **245** West: **38**

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'ty. ☐ Diff. Res'ty.
Date Started: **June 22, 1965** Date Completed: **August 31, 1965** Total Depth: **12,260** Feet
Name of Producing Formation: **Stateline** Allenberger Top Oil/Gas Pay: **12,128** Feet
Depth: **12,128 to 12,152** Depth Casing Shoe: **12,180**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 **13-3/8** **468** **500**
12-1/4 **9-5/8** **3280** **1150**
8-3/4 **5-1/2** **12280** **500**

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.

Well shut down (check one): ☐ Flow ☐ Pump ☐ Gas lift, etc.)
Date of Test: **August 31, 1965** Flow: **Flow**
Length of Test: **24 Hours** Tubing Pressure: **200 to 2500** Casing Pressure: **Packer** Choke Size: **24/64**
Actual Flow (during test): **493 Bbls.** Oil-Bbls.: **493** Water-Bbls.: **0** Gas-MCF: **246.5**

GAS WELL

Actual Flow (during test): _____ Length of Test: _____ Bbls. Condensate/MCF: _____ Gravity of Condensate: _____
Testing Method (pilot back pr.): _____ Tubing Pressure: _____ Casing Pressure: _____ Choke Size: _____

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED _____, 19____
BY _____

TITLE _____

(T. F. Tharand)
(Signature)

President

September 2, 1965

Title:

Date:

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 multiple