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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 5 11 18 AM '66

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

I.

Operator CRA, Inc.	
Address Box 88, Jal, New Mexico	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carlson	Lease No. B 13	Well No. 7	Pool Name, Including Formation Justis Hlinebry	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter B 990 Feet From The N Line and 2200 Feet From The E Line of Section 13 Township 25S Range 37E , NMPM, Los, N. M. 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"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 25S	Rge. 37E	Is gas actually connected? Yes	When 3-30-66

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-3-66 m	Date Compl. Ready to Prod. 4-1-66		Total Depth 5600'		P.B.T.D. 5555.60' GL			
Elevations (DF, RKB, RT, GR, etc.) KB	Name of Producing Formation Hlinebry		Top Oil/Gas Pay 5200'		Tubing Depth 5300'			
Perforations 5200-5244-5244-5269-5284-5322-5340-5361-5375-5393- 5409-5426-5426-5434-5443 1 per interval					Depth Casing Shoe 5600.73' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 24#		976 GL		750			
7 7/8	4 1/2 9.5#		5589.53 GL		233			

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 4-2-66	Date of Test 4-3-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 8 hrs.	Tubing Pressure 600#	Casing Pressure 0	Choke Size 18/64
Actual Prod. During Test 120 bbl.	Oil - Bbls. 120 bbl.	Water - Bbls. 0	Gas - MCF 10.0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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.

1417-Still
(Signature)
Production Superintendent
(Title)
April 4, 1966
(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 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.