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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
WELLS OFFICE U.C.C.  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

JUN 30 11 19 AM '67

I. Operator  
**JOSEPH I. O'NEILL, JR.**  
Address  
**410 West Ohio, Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>FEDERAL "O"</b>	Lease No.	Well No. <b>1</b>	Pool Name, including Formation <b>UNDESIGNATED</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location <b>(Paduca Delaware Extension)</b>				
Unit Letter <b>P</b>	<b>660</b>	Feet From The <b>East</b>	Line and <b>660</b>	Feet From The <b>South</b>
Line of Section <b>14</b>	Township <b>25S</b>	Range <b>32E</b>	, NMPM, <b>Lea</b> 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"/> <b>Scurlock Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>414 Mid America Bldg., Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>No connection at this date</b>	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 <b>P</b>	Sec. <b>14</b>	Twp. <b>25</b>	Rge. <b>32</b>	Is gas actually connected? <b>No</b>	When <b>Negotiations this date.</b>

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 <b>X</b>	Gas Well	New Well <b>X</b>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>May 24, 1967 n</b>	Date Compl. Ready to Prod. <b>6-12-67</b>		Total Depth <b>4904' RDB</b>		P.B.T.D. <b>4897' RDB</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3434.3'GR 3445.3'DF</b>	Name of Producing Formation <b>Delaware</b>		Top Oil/Gas Pay <b>4851'</b>		Tubing Depth <b>4832' RDB</b>			
Perforations <b>4851, 4852, 4853, 4854, 4855'</b>					Depth Casing Shoe <b>4905' KB</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>12 1/2"</b>	CASING & TUBING SIZE <b>8 5/8"</b>		DEPTH SET <b>373.11'</b>		SACKS CEMENT <b>180 sx - cmt circ'd</b>			
	<b>4 1/2"</b>		<b>4904.64'</b>		<b>200 sx 50-50 posmix</b>			
	<b>2 3/8"</b>		<b>4832'</b>					

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 <b>June 11, 1967</b>	Date of Test <b>June 12, 1967</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing and swabbing</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>100#</b>	Casing Pressure <b>180#</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>140 bbls fluid</b>	Oil-Bbls. <b>85</b>	Water-Bbls. <b>55</b>	Gas-MCF <b>TSTM</b>

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.

**E. T. Anderson**  
(Signature)  
**Production Superintendent**  
(Title)  
**June 29, 1967**  
(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.