

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator \_\_\_\_\_

Address \_\_\_\_\_

Reason(s) for filing (check proper box) *Oil Comp. 744* Other (Please explain) \_\_\_\_\_

New Well ☐ Change in Transporter of: *Oil* ☐ Dry Gas ☐ *TEXAS*

Recompletion ☐ *Oil* ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒ \_\_\_\_\_

If change of ownership give name and address of previous owner \_\_\_\_\_

*We would like to have 300 Bbls. Test allowable well completion. PRODUCE ARE LIT.*

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <i>Eth H</i>	Feet From The <i>3</i>	Line and <i>Dollarburg / Fossil</i>	Feet From The <i>February 2006 1052</i>	
Line of Section <i>H</i>	Township <i>17S</i>	Range <i>North</i>	NMPM, <i>TH</i>	County <i>East</i>

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Casinghead <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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 gas, give location of tanks.	Unit, Sec., Twp., Rge. <i>Oil actually produced? When? <i>TEXAS</i></i>

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 Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.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								
HOLE 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 (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.

(Signature)

*George R. M. [Signature]*  
Admin. Ass't. to Dist. Supt.  
5/5/72

OIL CONSERVATION COMMISSION

MAY 5 1972

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

Geologist

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.

SEPT 2 YAM

RECEIVED

MAY 1 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.