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G.S.		
D OFFICE		
TRANSPORTER	OIL	
	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-1
Effective 1-1-65

I. Operator
Tahoe Oil and Cattle Company
Address P.O. Box 7032 Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well: ☐ Change in Transporter of: ☐ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner John H. Hill Suite 140 Campbell Center 8350 N. Central Expressway Dallas, Texas 75206

II. DESCRIPTION OF WELL AND LEASE

Lease Name JUDY	Well No. 1	Pool Name, including Formation Langlie Nattix-7Rivers Queen	Kind of Lease State, Federal or <u>Lease</u>	Fee	Lease No.
Location Unit Letter <u>C</u> <u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>25-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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"/> Cities Service	Address (Give address to which approved copy of this form is to be sent) Box 300 Tulsa, Oklahoma 74102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 7	Twp. 25-S	Rge. 37-E	Is gas actually connected? Yes	When 7-19-74

If this production is commingled with that from any other lease or pool, give commingling order number:

No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 1-24-74	Date Compl. Ready to Prod. 4-2-74	Total Depth 3617	P.B.T.D. 3600					
Elevations (DF, RKB, RT, GR, etc.) 3158 G L	Name of Producing Formation Langlie Mattix	Top Oil/Gas Pay 3214	Tubing Depth 3595					
Perforations 3214-3469 w/ 15 shots (overall)	Depth Casing Shoe 3617							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 340'		SACKS CEMENT 175			
7 7/8	4 1/2		3617'		325			

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.

K.A. Freeman K.A. Freeman
(Signature)
Petroleum Engineer
4-10-75 (Date)
(Title)

OIL CONSERVATION COMMISSION

APPROVED APR 17 1975, 19
BY Joe D. Ramey
Dist. I, Supv.
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.