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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-110
Effective 1-1-65

Operator Tahoe Oil & Cattle Co.	
Address 4402 W. Industrial, Midland, Texas 79703	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	This is to show when gas was connected to the gas line.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Hale State	Well No. 4	Pool Name, including Formation North Justis McKee	Kind of Lease State, Federal or Fee	Lease No. B-2317
Location				
Unit Letter H	2160	Feet From The North	Line and 430	Feet From The East
Line of Section 2	Township 25-S	Range 37-E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
<i>El Paso Pipeline</i>						
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Pipeline Co.	Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 2	Twp. 25S	Pge. 37E	Is gas actually connected? Yes	When 7-23-82

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spaced	Date Compl. Ready to Prod.		Total Depth			P.R.T.D.		
Elevations (D.F., K.B., 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

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 1/29/82	Date of Test 3/20/82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 25	Casing Pressure 60	Choke Size ---
Actual Prod. During Test 54	Oil - Bbls. 54	Water - Bbls. 134	Gas - MCF 20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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]
(Signature)
Production Secretary
(Title)
August 13, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19
BY *[Signature]*
TITLE *[Signature]*

This form is to be filed in compliance with RULE 1109.
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.
Form C-104 must be filed for each pool in multiple