

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

APR 21 1971

I. OPERATOR
 Operator: **BILL JONES OIL COMPANY** / **O. C. C.**
ARTESIA, OFFICE

Address: **Box 2606, ODESSA, TEXAS 79760**

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: **SUN OIL COMPANY, Box 1861, MIDLAND, TEXAS 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name ATKINS STATE	Well No. 1	Pool Name, including Formation HIGH LONESOME QUEEN	Kind of Lease State, Federal or Fee STATE	Lease No. E-2885
Location Unit Letter M ; 330 Feet From The SOUTH Line and 330 Feet From The WEST				
Line of Section 16 Township 16S Range 29E , NMPM, EDDY 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"/> ADMIRAL CRUDE OIL CORPORATION	Address (Give address to which approved copy of this form is to be sent) Box 1713, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NO MARKET	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 K Sec. 16 Twp. 16S Rge. 29E	Is gas actually connected? When

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.

Betty R. Norwood
 (Signature)
SECRETARY-TREASURER

4-19-71

(Title)

(Date)

OIL CONSERVATION COMMISSION

APR 21 1971

APPROVED _____, 19____
 BY *B. J. Starn*
 TITLE **OIL AND GAS INSPECTOR**

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.