DISTRIBUT.	1 -	l !	
ANTA FE			
ILE			
.s.g.s.			
AND OFFICE			
TRANSPORTER	DIL	1	
	GAS	,:	
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWAR AND CONTRACT OF MONTATION TO TOUR STORES

Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65

		AUTHURIZATION TO TRA		) NATURAL G	AS.			
	AND OFFICE	R E U E	EIVED					
	TRANSPORTER GAS							
	OPERATOR	NOV -	- 8 <b>1973</b>					
1.	PRORATION OFFICE	1		*				
	Coerator	0.	c. c.					
	BERT H. MURPHY	ARTESI	A. OFFICE					
	Address P O Drawer 21	64, Roswell, New Mexic	co 88201					
	Reason(s) for filing (Check proper box)		Other (Pleuse explain)					
	New Well Change in Trimsporter of:							
	Recompletion	OH Dry Ga	18 <u> </u>				İ	
	Change in Ownership X	Casinghead Gas Conder	nsuto [					
If change of ownership give name WELCH & IVERSON								
	and address of previous owner	WELCH & IVENSOR				<del></del>		
77.	DESCRIPTION OF WELL AND	LEASE		•				
	Lease Name	Well No. Pool Name, Including F		Kind of Lease		1	Lease No.	
	Gissler 1784	4   Square Lake G	BG SA	研究#, Federal	्र <b>्रं</b> कः	LC-029	338(b)	
	Location	Nouth	220		r .		,	
	Unit Letter [ ; ]	980 Feet From The North Lin	ne and	Feat From T	he <u>tast</u>	·		
	Line of Section 11 Tow	vnship 178 Runge	30E , NMI	PM, E	ddy		County	
	happens and the control of the contr				**/			
H.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA		e to which gapeo	and conv of this	form is to be	cantl	
	Navajo Refining Co.,	Address (Give address to which approved copy of this form is to be sent)  North Freeman Ave., Artesia, New Mexico 88210						
	Name of Authorized Transporter of Cas	Inghead Ods X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
	Continental Oil Co.		P. O. Box 2197, Houston, Texas 77001					
	If well produces oil or liquids, Unit Sec. Twp. Ege.		is gas actually connected? When					
	give location of tanks.	D 12 17S 30E	Yes					
3 W	If this production is commingled with COMPLETION DATA	th that from eny other lease or pool,	give commingling or	der number:				
17.		Oil Well Gas Well	New Well   Workove	er Despen	Plug Back	Same Res'v.	Diff. Res'v.	
	Designate Type of Completic	$n - (\Lambda)$						
	Date Spuddad	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	Elevations (DF, PKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	1							
	Perforations				Depth Casing	Shoe		
					<u> </u>			
	HOLESIZE	CEMENTING RECORD  DEPTH SET		SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEFIN	921	340	N3 CEMEN	1	
				Alberta - Carlo Arabara, Arabara and Carlo Alberta and Carlo Alber				
			<u> </u>		<u> </u>			
¥'.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this di	ifter recovery of total ve epth or be for full 24 ho		and must be equ	al to or exce	ed top allow.	
	Date First New Oil Run To Tanks	Dute of Test	Producing Method (F.		t, etc.)		<del></del>	
	Length of Test	th of Test Tubing Pressure Casing Pressure			Choke Size			
	Actual Prod. During Test		Water-Bbls.		Gga-MCF			
	Reside Pibas During 1994							
			<del>,  </del>		<del></del>			
	GAS WELL				<del>,</del>		····	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/Mi	ACF	Gravity of Co	etpenebn		
	Testing Mathod (pitot, back pr.)	Tubing Pressurs (Shut-la)	Casing Pressure (Sh	ut-ia)	Choka Siza		***************************************	
	Touring Islamou (paros, obov pro)							
VI.	CERTIFICATE OF COMPLIAN	CE.	OIL	CONSERVA	TION COM	MISSION		
			APPROVED NOV 9 1973 19					
	I hereby certify that the rules and a	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.			TITLE OIL AND GAS INSPECTOR					
							Jugan He Eddanary (Signature)	
	This form is to be filed in compliance with RULE 1104.							
If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.								
Production Clerk			tests taken on th	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-				
	(Ti	bas wen no elds	recompleted we	ila.				
	November 7, 19	Fill out only Sections I, II, III, and VI for changes of owner,						

(Date)

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