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TRANSPORTER	OIL 1 GAS
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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

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NOV 8 1967

I. Operator **AMERICAN PETROFINA COMPANY OF TEXAS**

Address **Box 1311, Big Spring, Texas 79720** **ARTESIA, OFFICE**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well: Change in Transporter of:

Recompletion: Oil Dry Gas

Change in Ownership: Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Reeler Yates State	Lease No. 647	Well No. 370	Pool Name, including Formation Artesia - Grayburg	Kind of Lease State, Federal or Fee State
Location:				
Unit Letter N	1650	Feet From The North	Line and 990	Feet From The East
Line of Section 32	Township 188	Range 28E	, N.M.P.M., ddy 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"/>	Address (Give address to which approved copy of this form is to be sent)
Continental Pipe Line	N. Freeman Ave., Artesia, New Mexico
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)
None	
If well produces oil or liquids, give location of tanks.	Unit C Sec. 28 Twp. 188 Rge. 28E 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-26-67	Date Compl. Ready to Prod. 11-1-67	Total Depth 2075	P.B.T.D. 2057					
Elevations (DF, RKB, RT, GR, etc.) 3538 Gr.	Name of Producing Formation Grayburg	Top Oil/Gas Pay 2024	Tubing Depth 2011					
Perforations 2024-2036	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11	8-5/8"	537	175					
7-7/8"	5-1/2	2075	150					
	2-3/8	2011						

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)

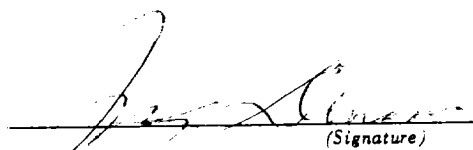
Date First New Oil Run To Tanks 11-5-67	Date of Test 11-7-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 34	Water-Bbls. 7	Gas-MCF -

GAS WELL

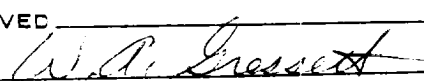
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.


J. M. Benson
(Signature)
Assistant District Manager of Production
(Title)
November 7, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
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.