NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		/-
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		2
PRORATION OFFICE		

10-31-67

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE /-		AND	Filective 1-1-92
U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURA	ALGAS RECEIVED
LAND OFFICE	-		
TRANSPORTER GAS			COT 7 1 1987
OPERATOR 2	1		
PRORATION OFFICE			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	ntic Richfield Compan	У	49.00 Finis (1870)
ddress	Box 1978, Roswell, N	ew Mevice	
	<u> </u>	Other (Please explain)	
Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Omer (r rease express)	
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate	
f change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Legse Name	Lease No. Well No. Pool Nam	ne, Including For Billion G.	Kind of Lease
Panco Federal Ni	1 2938 1 Shu	gart distribution	State, Federal or Fee Federa
Location 660	north	e and Feet :	west
Unit Letter;	Feet From The north Line	e andFeet }	From The
Line of Section 23	wnship 185 Range	31E , NMPM,	Eddy County
2 0. 9.00.0			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S (C) - H to which	approved copy of this form is to be sent)
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which P.O. Box 3119, A	_
Permian Corp.	and the second s		approved copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to write)	approved copy of this join to to be sent)
	Unit Sec. Twp. Rge.	Is gas actually connected?	When
if well produces oil or liquids, give location of tanks.	23 18s 31E	No	Vented temporarily
·		-in- semminaling order number	
	ith that from any other lease or pool,	give commingling order number	Re-entry
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Flug Back Same Res'v. Diff. Re
Designate Type of Completi	on – (X) X		x
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-27-67	10-5-67	5184	3501
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth 3447.92
3693' GR.	Queen	3444	Depth Casing Shoe
Perforations	3447, 3448, 3454, 345	5. 3456 w/1-3/8"	
3444,3443,3440,		CEMENTING RECORD	shot per ft.
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	7"	859.91	150
7-7/8"	4½"	3540.99	37 5
	2-3/8"	3447.92	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of lo	ad oil and must be equal to or exceed top a
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump,	(\10/_
Date First New Oil Run To Tanks	Date of Test		gas wit, etc.)
10-5-67	10-26+67	Pump Casing Pressure	Choke Size
Length of Test 24	Tubing Pressure	O O	2"
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF
22 bbls	21	1	TSTM
		<u> </u>	
GAS WELL	·-		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
			TDVATION CONTROL
CERTIFICATE OF COMPLIA	NCE	OIL CONS	ERVATION COMMISSION
		ADDROVED	1907
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	4
a little base assentiad	with and that the information given he best of my knowledge and belief.	BY Willes	rescent
and to the own complete to t			Tt-14 792
		TITLE	
1 60 11	A.D. Kloxin	This form is to be fil	led in compliance with RULE 1104.
_ alkeric	A.D. KIOXIII	It is the form much be of	or allowable for a newly drilled or deep companied by a tabulation of the devia
District Broducti	gnature) on and Drlg. Supt.	tests taken on the well in	accordance with RULE 111.
	vii mill DLLWa DUDLa	11	

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.