NO. OF COPIES RECEIVED		17	
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SANTA FE		7	
FILE		7-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		4	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SUS /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1.		
FILE //	—-	AND RECUESTIVED AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	_ GAS		
LAND OFFICE			1831.0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
TRANSPORTER GAS	 .		JAN 2 6 1967		
OPERATOR //	 		0.5.		
7	·		O. C. C.		
Operator			ARTESIA, OFFICE		
Southwest Productio	n Corporation				
1	Roswell, New Mexico				
Reason(s) for filing (Check proper	hor! New Mexico	Other (Please explain)			
New We!1	Change in Transporter of:	Office (Freuse explain)			
Recompletion	Oil Dry G				
Change in Ownership		ensate			
	Constitute data				
If change of ownership give nam	e				
and address of previous owner_					
H DECOMPTION OF MOLE A	ID I DAGD				
II. DESCRIPTION OF WELL A	Well No. Pool Name, Including	Formation Kind of Le	ase Lease No.		
Lowe "B" State			20206 1101		
Location	l Artesia, Gray	burg, San Andres State, Feder	eral or Fee State OG 605		
Unit Letter #B# ;	Feet From The North Li	ne and <u>2310</u> Feet Fro	m The Fast		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Township 19S Range	28E , NMPM,	1744		
Line of Section 4	Township 195 Range	ZSE , NMPM,	Eddy County		
III DEGLENATION OF TRANSPO	NAMED OF OUR AND MARKET OF	• •			
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G. OIL X or Condensate		proved copy of this form is to be sent)		
	on (A) or condensate	1	•		
Permian Corp.	Control Co. Co.	P.O. Box 3119, Mid1			
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)		
If well produces oil or liquids,	Unit Sec. Twp. Rge.		When		
give location of tanks.	"B" 4 19S 28E	No			
	with that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA		_			
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty		
	X	X :			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
11-21-46	12-15-66	2785	2772		
Elevation F, RKB, RT, GR, etc	· · · · · · · · · · · · · · · · · · ·	Top Oil/Gas Pay	Tubing Depth		
GL 3547 KB 3552	Grayburg-San Andres	2013	2736		
Perforations 2013, 58, 67	Grayburg-San Andres 7, 73, 86, 92, 2234, 42, 2	531, 35, 38, 2659, 2711	Depth Casing Shoe		
17, 26, 41.			2777		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
9-5/8"	7"	497	150		
6] 11	4 3 11	2777	100		
	2-3/8"	2736			
V. TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be	often recovery of total values of lead of	il and must be equal to or exceed top allow		
OIL WELL		epth or be for full 24 hours)	it and must be equal to or exceed top allow		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
12-15-66	1-12-67	Pump			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs.		•			
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
75 barrels	53	22	TSTM		
,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1514		
GAS WELL		34, 22 acres	T 0 175		
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		
	(0210 211)	,	0.000		
// OFFITTIONE OF THE	WOE.	1			
I. CERTIFICATE OF COMPLIA	INUE	11	ATION COMMISSION		
		APPROVED 1519	5 1967 ···		
	hast the rules and regulations of the Oil Conservation been complied with and that the information given a complete to the best of my knowledge and belief.				
above is true and complete to	the best of my knowledge and belief.	BY (U. C. Sr	essett		
•		011 422			
		TITLE OIL AND GAS INS	PECTOR		
		This form is to be filed in	compliance with RULE 1104.		
-Killy Klindy	along a to	i i	wable for a newly drilled or deepened		
(5)	K.U. Signaturer		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Agent		11			
	Title)	All sections of this form make able on new and recompleted w	ust be filled out completely for allow-		
1-22-67		and ou hear and lacombiated			

(Date)

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.