DISTRIBUTION ANTA FE

NEW MEXICO OIL, CONTERM STICH COMMISSION

Form C-104

ILE /	KEQUEST	FOR ALCOMABLE	Superseds will C-104 and C-1. Effective 1-1-65	
.s.g.s.	 	AND		
LAND OFFICE	AUTHORIZATION TO TE	CONTRACTOR OF AND MATURAL	L GAS	
OIL /		0		
TRANSPORTER GAS	 	MADIO		
OPERATOR		MAR 18 1976		
	 			
PRORATION OFFICE Operator		0. C. r.		
American Ouasar F	Petroleum Co. of New M	ARTESIA OFFIRE		
Address	octoream co. or new r	icated y		
1000 Midland Nati	onal Bank Tower, Midl	and, Tx 79701		
Reason(s) for filing (Check proper to		Other (Please explain)		
New Well XX	Change in Transporter of:			
Recompletion	Oil Dry G	cs []		
Change in Ownership	Casinghead Gas Cond-	7===1		
		and the first of the second of		
If change of ownership give name	D LEASE Well No. Pool Grand Well No.	•		
and address of previous owner	2 3776	Imings monor		
II DESCRIPTION OF WELL AN	DIEASE What Building	of co. J		
II. DESCRIPTION OF WELL AN	Well No. Pool Amed Wards	Monney Kind of L	ease Lease No.	
Federal Com	1 West Bubblin	ag Springs State, Fed	deral or Fee Federal NM05582]	
Location			100010111100001	
1	000 Courth	6601	TL	
Unit Letter;	980 Feet From The South	ne and OOU Feet Fro	om The <u>Last</u>	
24	70C Barra	OET NI GOA	TI 3 3 C	
Line of Section 24	Township 20S Range	25E , NMPM,	Eddy County	
I DESCRIPTION OF TRANSPO	NOTED OF OIL AND NATIONAL CO	A.C.		
Name of Authorized Transporter of	OIL Or Condensate X		proved copy of this form is to be sent)	
			,	
NONE Name of Authorized Transporter of	Casinghead Gas or Dry Gas XX	the state of the sector which ap	proved copy of this form is to be sent)	
1				
Southern Union Ga	Unit Sec. Twp. Ege.	Fidelity Union To	wer, Dallas, Tx 75201	
If well produces oil or liquids,	Omt sec. twp. siger	· '	• • • • • • • • • • • • • • • • • • •	
give location of tanks.		No yes	a ppro x 3 -18- 76	
If this production is commingled	with that from any other lease or pool,	give committed and or number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Weckeyer Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	tion = (X)		Frug Back Same Resv. Diri. Resv.	
	Date Compl. Ready to Prod.	Taret Lear	P.B.T.D.	
Date Spudded		· ·	j	
5-14-73	7-13-73	10,150'	10,112' Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.	•	0066	i e e e e e e e e e e e e e e e e e e e	
3422' GR	Morrow	9968	9963 Depth Casing Shoe	
Perforations				
9968-9983'			10050	
		D CERTSTHE TECORD		
HOLE SIZE	CASING & TUBING SIZE	PERHISET	SACKS CEMENT	
17	13 3/8"	308'	340 sx circ.	
12 1/4"	8 5/8"	2300'	1375 sx to surface	
7 7/8"	5 1/2"	10050	500 sx	
	27/8"	9963		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after tractices of tistal valuate of land	oil and must be equal to or exceed top allow	
OIL WELL	able for this d	enth of he for 1277 hours)		
Date First New Oil Run To Tanks	Date of Test	y is given the and it low, pump. ga	s up, etc.)	
Length of Test	Tubing Pressure	Carling Community	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Wath (3)	Gas-MCF	
			1 1500	
-			L. C.	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbie. The branch new hotel	Gravity of Condensate	
7-25-73 AOF 1530	2 4 hrs	0		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
back pr.	3014		24/64"	
	ANCE	OH CONSER	VATION COMMISSION	
VI. CERTIFICATE OF COMPLIA	NICE	MAD 0 4 10	276	
	of constant of the OH Constant	APPROVED MAR 24 19	, 19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		By W.a. Gressett		
above is true and complete to	the best of my knowledge and belief.	The same and the s		
	/	TITLE SUPERVISOR, D	ISTRICT II	
\		! !!		
		11	in compliance with RULE 1104.	
	X Fred	If the to a manual for a	Howehie for a newly drilled or deepene	

bove is true and comple	eto to the best	of my knowled	ge and belief.
Jam	with the same of t	Two	>
101	(Signature)	Dynn D.	Jones
Division Opera	atio ns Mar	nager	
	(Title)	-	

(Date)

March 16, 1976

If this is a request for allowable for a newly drilled or deepened wall, this face 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.

