

**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

DISTRIBUTION		
STATE		
FILING		
G.S.		
FIELD OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR

Operator: Target Production Company

Address: Box 922, Lovington, N.M. 88260

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain): _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>W. H. Phillips</u>	Well No. <u>3</u>	Pool Name, including acreage <u>Beljanor</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>1-801</u>
Location Unit Letter <u>33</u> ; <u>330</u> Feet From The <u>North</u> <u>330</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>17S</u> Range <u>33W</u> , NMPM, <u>40S</u> 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"/> <u>W. J. Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>1100 N. Ave., Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>W. J. Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) _____
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>330</u> <u>3</u> <u>17S</u> <u>33W</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Well Depth	C.S.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Gas Pay	Tubing Depth					
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after a test of total volume of load oil and must be equal to or exceed top allowable for this depth to be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - Bbls.	Gas - MCF

GAS WELL

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

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 test 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.

W. J. Wilson
(Signature)
President
(Title)
Dec. 7, 1973
(Date)