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DISTRIBUTION	ОИ	
SANTA FE		
FILE		,
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	FICE	
Operator		
Carper Drilli	ina Co	moany

May 17, 1965

(Date)

SANTA FE	NEW	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11  Effective 1-1-65		
FILE			AND	
U.S.G.S.	_ AUTHORIZA	TION TO IK	RANSPORT OIL AND NATUR	RAL GAS
OIL				
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Carper Drilling Compan	ıv. İnc.			
Address	7, 110.			
200 Carper Building, A	rtesia. New Mex	ico		
Reason(s) for filing (Check proper b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other (Please explain	n)
New Well	Change in Trans	sporter of:		
Recompletion	Oil	Dry 0	Gas	
Change in Ownership	Casinghead Gas	Cond	ensate	
If change of ownership give name and address of previous owner	Wolfson O	II Company	, Midland, Texas	
DESCRIPTION OF WELL AN	D LEASE	Wall Na Dag! N	Name, Including Formation	Kind of Lease
Lease Name Philmex State				
		O MIGI	jamar – Grayburg	State, Federal or Fee State
Location	20	<b>.</b>	00.10	<b>.</b> .
Unit Letter B; 99	90 Feet From The	North L	ine and <b>2310</b> Feet	From The <b>East</b>
Line of Section 29	Township 17 S	_	<b>33 E</b> . NMPM.	Lea County
Line of Section	Township 1/3	Range	33 E , NMPM,	Led County
DECLONATION OF TRANSPO	DTED OF OIL AND	NATEDAT C	1AC	
Name of Authorized Transporter of C	Oil Or Condens	NATURAL G	Address (Give address to which	approved copy of this form is to be sent)
Texas-New Mexico Pip			Midland, Texas	
Name of Authorized Transporter of (	-	Dry Gas		a approved copy of this form is to be sent)
Phillips Petroleum Comp		- 🖵	Bartlesville, Oi	
		Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	G 29	17 33	yes	l .
				NI_
If this production is commingled. COMPLETION DATA	with that from any othe	er lease or poo.	i, give comminging order number	No.
	Oil Well	l Gas Well	New Well Workover Deep	pen Plug Back Same Res'v. Diff. Res'v
Designate Type of Comple	tion = (X)			
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing F	ormation	Top Oil/Gas Pay	Tubing Depth
Perforations				Depth Casing Shoe
	TUBIN	G, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TL	JBING SIZE	DEPTH SET	SACKS CEMENT
	FOR ALLOWABLE	(Test must be	after recovery of total volume of le depth or be for full 24 hours)	oad oil and must be equal to or exceed top allow
OIL WELL  Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump,	gas lift. etc.)
Date I list New Oil Hun To Falks	Date of Febr			
Length of Test	Tubing Pressure		Casing Pressure	Choke Size
Length of Cost				
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Gas-MCF
1101441 1 20 21 12 22 22				
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
CERTIFICATE OF COMPLIANCE		OIL CONS	ERVATION COMMISSION	
I CARLES TOTALE OF COME EM	<del>-</del>			
I hereby certify that the rules and regulations of the Oil Conservation			, 19	
Commission have been complied	d with and that the in	iformation give	n	
above is true and complete to	the best of my knowle	edge and belief	BY.	
			TITLE	
	1			
1 housest tentes		3.1	ed in compliance with RULE 1104.	
_ Juien Je	ignature)		well this form must be ac	r allowable for a newly drilled or deepene companied by a tabulation of the deviation
Petroleum Engineer			tests taken on the well in	accordance with RULE 111.
	(Title)		All sections of this fo	orm must be filled out completely for allow
,	• · · · · · · · · · · · · · · · · · · ·		and on new and recomble	

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.