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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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FEB 27 1975

I. Operator
 Corinne Grace **O. C. C.**
ARTEZIA, OFFICE
 Address
 P. O. Box 1418, Carlsbad, New Mexico 88220
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

R-5180 West Ranch Green base
 Lease Name: Poco Loco Well No.: 1 Pool Name: ~~Wildcat~~ Kind of Lease: Federal Lease No.: NMO376785
 Location: Unit Letter: 1980 Feet From The South Line and 1980 Feet From The West
 Line of Section: 8 Township: 15S Range: 30E NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address: _____
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address: P. O. Box 6697 Roswell, New Mexico 88201
 If well produces oil or liquids, give location of tanks. Unit: Sec: Twp: Rge: Is gas actually connected? No

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.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12	8 5/8		506		210cu/ft slurry CI"O"			
7 5/8	5 1/2		2181		200 CI"O" w/7# salt/sk			
	2 3/8		2070					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
886	2 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Pkr.	705		465-705

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.

[Signature]
 (Signature)

Agent

(Title)

2/26/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]* SEP 10 1975
 BY *[Signature]*
 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 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.
 Separate Forms C-104 must be filed for each pool in multiply

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1902
U.S. CONSERVATION COMMISSION
LOBBS, W. M.