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NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-114
 Supersedes Old C-104 and C-110
 Effective 1-1-65

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I.

Operator: **McCoy & Stevens**

Address: **P.O. Box 498, Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	To show gas purchaser
Incompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

County: Atlantic State	Well No.: 2	Pool Name, Sub-Pool, Formation: Red Lake Queen East	Kind of Lease: State
Location:	Unit Letter: F	Section: 2310	Foot From The: North
		Line: 1650	Foot From The: West
Block Section: 1	Township: 17S	Range: 28E	County: Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 4157, Midland, Texas					
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit: E	Sec.: 1	Twp.: 17S	Rge.: 28E	Is gas actually connected? yes	When: November 14, 1960

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Blow Back <input type="checkbox"/>	Same as prev. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations			Depth Casing Shoe		
Name of Producing Formation		Top Oil Gas Pay	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 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	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test	Flowing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flowing Method (pitot, back pr.)	Flowing Pressure	Casing Pressure	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.

Nancy King
 (Signature)

Agent

March 25, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 29 1966**, 19

BY *W. A. Gressett*

TITLE *Chief of Division*

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 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