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TRANSPORTER	OIL / GAS /
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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

**RECEIVED**

SEP 15 1965

Operator	<b>L. C. Harris</b> <b>LAWRENCE C. HARRIS</b>
Address	<b>P.O. Box 498, Artesia, New Mexico 88210</b>
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

**DESCRIPTION OF WELL AND LEASE**

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
<b>Red State</b>	<b>K-470</b>	<b>1</b>	<b>East Red Lake Queen</b>	State, Federal or Fee <b>State</b>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<b>H</b>	<b>1980</b>	<b>North</b>	<b>660</b>
				<b>East</b>
Line of Section	Township	Range	NMPM,	County
<b>11</b>	<b>17S</b>	<b>28E</b>		<b>Eddy</b>

**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)
<b>The Permian Corporation</b> Permian (Oct. 9-11/57)	<b>Box 4157, Midland, Texas</b>
Name of Authorized Transporter of Casinghead 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)
<b>Phillips Petroleum Company</b>	<b>Odessa, Texas</b>
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rge.      Is gas actually connected?      When
	<b>H      11      17S      28E      yes      January 18, 1961</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

**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							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

**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
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**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  
 (Title)  
 Sept. 14, 1965  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED **SEP 15 1965**, 19\_\_\_\_  
 BY *W. L. ...*  
 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 completed wells.

