F COPIES RECEIVED		13	
DISTRIBUTION			
TAFE		1	
.E		7	_
5.G.S.			
AND OFFICE			
RANSPORTER OIL		1	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

(Date)

II.

III.

IV.

10

TA FE /	NEW MEXICO OIL	CONSERVATION COMMISSION Form C-104  FOR ALLOWABLE Supersedes Old C-104 and		
.E 5.G.S.	4	AND Control 1 1 55		
AND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
RANSPORTER OIL / GAS /			SEP <sub>1 5 196</sub> 9	
OPERATOR /			O. C. S.	
PRORATION OFFICE Operator			ARTEBIA, OFFICE	
	agement Company			
922 - 8th Stre	et, Wichita Falls, Te	kas 76301		
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well Recompletion	Change in Transporter of:			
Change in Ownership	Oil Dry G			
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND				
Parke	Well No. Pool Name, Including F  Square Lake,	· · · · · · · · · · · · · · · · · · ·	I CUCIAI Ledse No.	
Location	<del></del>		EC 027040 J	
Unit Letter G; 18	74 Feet From The N Lin	ne and 1874 Feet From	The E	
Line of Section 3	wnship 17 Range	30 , <sub>NMPM</sub> ,	Eddy County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	16		
Name of Authorized Transporter of Oil Navajo Refining Co.,	or Condensate Pipe Line Div.	Address (Give address to which approved copy of this form is to be sent)  No. Freeman Ave., Artesia, N. M. 88210		
Name of Author!zed Transporter of Car Continental Oil Comp		Address (Gife address to which approved copy of this form is to be sens)  Drawer 1267. Ponca City Off 74601		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 30		en unknown	
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Designate Type of Completion	<del></del>			
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	
<del></del>				
TEST DATA AND REQUEST FO		fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas li)	ft, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	g Pressure Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANC	<u> </u>	OU CONSERVA	TION COMMISSION	
		SED 1	5 10FQ	
I hereby certify that the rules and re Commission have been complied was above is true and complete to the	ith and that the information given	APPROVED SI	sse of	
	/		INSFECTOR	
X 1/ala		TITLE <u>934 AED FAS INSPECTOR</u> This form is to be filed in compliance with RULE 1104.		
Hun D. H	ture)	If this is a request for allow	rable for a newly drilled or deepened nied by a tabulation of the deviation	
Agent		tests taken on the well in accor		
Sept. 12, 1969 (Titl	se)	able on new and recompleted we		

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. 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.