DISTRIBUTION	NEW MEXICO OIL	CONSERVATION C MISSION	Dun C. to.
SANTA FE	PROHEST	FOR ALLOWARIE	1btm C-104 Supersedes Of C-104 and C-
U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL ^E	SECEIVED BY
LAND OFFICE IRANSPORTER OIL		- - .	JAN 24 1984
OPERATOR V			O. C. D.
PROPATION OFFICE			ARTESIA, OFFICE
Ray West	all V		
P.O. Box		exico 88255	
Reason(s) for filing (Check proper b		Other (Please explain)	
Recompletion	OII Dry G	effective 1	
Change in Ownership	Cusinghead Gas Conde	CILIECTIO	n Well)
If change of ownership give name and address of previous owner	L'anklan I to	Hair	
DESCRIPTION OF WELL AN	D L.F.ASE. Well No. Puol Name, including F	ormation . Kind of Leas	Ge Leane No.
Hudson	5 Grayburg Ja	2 6 6	cler Fee Fed. LC 054908
Location R 2	480 Feet From The North Li	ne and 1160 Feet From	The West
7.73			
	Fowniship 17S Range	314 , имем,	Eddy County
DESIGNATION OF TRANSPO Nume of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent;
Water Injection	∵e11 Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
Neme of Authorized Trainsterver of			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	nen
COMPLETION DATA	with that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Resty, Diff, Resty
Designate Type of Comple	Date Compl. Ready to Prod.	Total Dopth	P.B.T.D.
Date Spudded	Date Compl. Reday to Fred.		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEINERT
TEST DATA AND REQUEST OIL WELL	able for this d	epth or be for full 24 hours)	and must be equal to or exceed top alica
Date First New Oil Run To Tanks	Date of Test	Freducing Method (Flow, pump, gas l	sjt, etc.j
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Tool	Oil-Bbis.	Water - Bbls.	Gas-MCF
GAS WELL Actual Frod, Tout-MCF/D	Length of Test	Bbls. Condensate/N9ACF	Gravity of Condensate
		Cusing Pressure (Shut-in)	Cheke Size
Testing kiethod (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Dade-11)	Chore size
CERTIFICATE OF COMPLIA		OIL CONSERVA APPROVED JAN 2 4 198	ATION COMMISSION 4
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.		Original Signed By	
above is true and complete to t	ue peat of the knowledge and benefit	Leslie A. Clem TITLE Supervisor Dist	
A	A a a	This form is to be filed in	compliance with RULE 1104.
(Signature)		If this is a request for allowable for a newly drilled or deepened	
Operator		All acctions of this form my	rdance with RULE 111. 1et be filled out completely for allow
(Title) 1-23 - 84		Fitt out only Sections L. 1	alls. I. III. and VI for changes of ovince
	()are)	well name or number, or transpor	ten or other such change of condition