

DISTRIBUTION			
ANTA FE		✓	✓
ILE		✓	✓
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-  
Effective 1-1-65

RECEIVED

Operator Mountain States Petroleum Corp. ✓	
Address P. O. Box 1936 Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) O. C. D. ARTESIA, OFFICE	

If change of ownership give name and address of previous owner D. L. Hannifin Operating Company P O Drawer 2588 Roswell, N M 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barnhill	Well No. 1	Pool Name, Including Formation Sams Ranch Grayburg Gas	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 2582
Location Unit-Letter C : 660 Feet From The North Line and 1980 Feet From The West Line of Section 17 Township 14South Range 28 East , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 4th & Washington, Odessa, Texas 79760	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? <input type="checkbox"/> When Yes 11-7-77

If this production is commingled with that from any other lease or pool, give commingling order number: SRM 1176

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 Part ID-3 6-3-88 chg ap				

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
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Ruby Wickersham  
(Signature)  
Clerk  
(Title)  
May 1, 1988  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 27 1988, 19  
BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

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 deviated 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 Form C-104 must be filed for each test to be submitted.