DISTRIBUTION ANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER	REQ	OIL CONSERVATION COMMISSI UEST FOR ALLOWABLE AND O TRANSPORT OIL AND NAT	Supersedes Old C-104 and C Effective 1-1-65	
GAS OPERATOR			RECEIVED	
PRORATION OFFICE			JAN 1 7 1980	
	and the second			
Address	log. aswell,		ARTESIA, OFFICE	
(Check prope	er box)	Other (Please expl		
New Well 🔏	Change in Transporter of: Oil			
Change in Ownership		Condensate	EAD GAS MUST NOT BE	
If change of ownership give na and address of previous owner	me	IS OBTAL	FACEPTION TO Fule 306	
. DESCRIPTION OF WELL A		Ef # 2-39		
	Well No. Pool Name, Inclus	ding Formation Kind	of Lease Lease No.	
Location	T SHELL ALTO	State	e, Federal or Fee	
Unit Letter;;;;;	Feet From The	Line and the main man		
Line of Section			et From The	
			County	
Name of Authorized Transporter c	ORTER OF OIL AND NATURA	L GAS		
		i de la companya de l	ch approved copy of this form is to be sent)	
Name of Authorized Transporter o	f Casinghead Gas or Dry Gas	Address (Give address to whic	h approved copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Rg	e. Is gas actually connected?	When	
give location of tanks.		2.0	1	
If this production is commingled COMPLETION DATA	l with that from any other lease or p	oool, give commingling order numb	er:	
Designate Type of Compl	etion - (X)	indikovet Dee	pen Flug Back Same Res'v. Diff. Res'	
Date Spudded	Date Compl. Ready to Prod.	X Total Depth		
Elevations (DF, RKB, RT, GR, etc.		2330 25	P.B.T.D.	
233 UF, RKB, RT, GR, etc	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations		2212	2120 Depth Casing Shoe	
	TUBING CASING	AND CEMENTING RECORD		
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
· · · · · · · · · · · · · · · · · · ·	fi	337 45		
	7.772	2313 +1		
TEST DATA AND REQUEST	2 3//	1 2125		
OIL WELL	able for thi	be after recovery of total volume of lo a depth or be for full 24 hours)	ad oil and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, eic.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	011-Bbls.	771		
31 16 1e		Water - Bbls.	Geis - MCF	
			listed Book	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	ID FR	
		Dans, Condensate/ MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut:-in)	Choke Size	
CERTIFICATE OF COMPLIA	NCE	OIL CONSE	RVATION COMMISSION	
hereby certify that the rules and	regulations of the Oil Community	th.	N 1 8 1960	
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.			APPROVED Ornin 2 , 19 BY	
		This form is to be filed		
for (Sig	nature)	well, this form must be accordent to the well in a	mpanied by a tabulation of the deviation	
(7	ille)	- All sections of this form	n must be filled out completely for allow-	
1-14-80	late)	Fill out only Sections	d wells. I. II. III. and VI for changes of owner	
			sporter, or other such change of condition.	