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U.3.0.3.       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         IAND OFFICE       OLD IT I 1969         In Ausponten       OLD IT I 1969         OFENATOR       OCT I 1969         Internation OFFICE       OCT I I Internation OFFICE         Internation OFFICE       OCT I I Internation OFFICE       OCT I Internation OFFICE         Internat Name I Internatio	SANTA FE		FOR ALLOWABLE	Supersedes Old C-106 and C-110
Image: Construction of price       OCT       1 1969         Image: Construction of price       OCT       1 1969         Jack L. McCLELLAN /       Image: Construction of price       Image: Construction of the c	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	
Image: Second	GAS OPERATOR 22	· ·		
Arteres       Arteres       Arteres         P. O. Box 848, Roswell, New Mexico, 88201         Receinfild for filing (fack proper boy)         New Will       Change in Tremporter of:         Other (flease explein)         Weill Hecompietion       Other (flease explein)         It change of ownership       Creatinghead Que Condenate Conde Condenate Condenate Conde Condenate Condenate	Constator	√		0 C. G.
Rescription       Change in Transporter of Other (Please explain)         Haw Will Hacomylation       Change in Transporter of Other (Please explain)         Hacomylation       Classinghead Gas         Change in Councership       Condensate         In Change in Councership       Classinghead Gas         In Change of ownership       Classinghead Gas         In DESCRIPTION OF WELL AND LEASE       Condensate         Lass Wins       Yell No.         Lis A "A" FEDERAL       2         Sull IM AR QUEEN       Biode. Federal or Fee FEDER.         Location       Councership         Unit Letter       F.         J 2980       Feet From The NOR TH Line and 1980         Peet From The VEST       Count         Line of Section       24         J 24       Township         J 25-SOUTH Range 29-EAST       NMPM, CHAVES         Nane of Authorized Transporter of OIL AND NATURAL GAS         Name of Authorized Transporter of Casinghead Gas       or Condensate         Nane of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Name of Authorized Transporter of Casinghead Gas       or Dry Gas <td>Address</td> <th></th> <td>201</td> <td>ANTEGIA, OFFILM.</td>	Address		201	ANTEGIA, OFFILM.
Haccompletion       Oil       Oil       Oil       Ordenative       Condenative       Condenative         If change in Connership give name and address of previous owner       If change of ownership give name and address of previous owner       If change of ownership give name and address of previous owner       If change of previous owner         IDESCRIPTION OF WELL AND LEASE       Image of previous owner       SULIMAR QUEEN       Bidde Lease ·         Lins "A" FEDERAL       2       SULIMAR QUEEN       Bidde, Federal or Fee FEDER.         Location       Unit Letter       F       : 1980       Feet From The _NORTH_Line and1980       Feet From The _WEST         Line of Section       24       , Townehlp       15-SOUTH_Rmge       29-EAST _NMPU,       CHAVES       Count         IDESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       North FREEMAN AVE . , ARTESIA, N. M. 883         Nare of Authorized Transporter of Coll GN act and coll of the constance       Address (Glue address to whick approved copy of this form to to be sensi)         Nare of Authorized Transporter of Coll GN act Transporter of Coll GN act and the constance       Address (Glue address to whick approved copy of this form to to be sensi)         If well produces of to instander       F       24       155       29E       Material frameword for to be sensi)         If well produces of to instander       F       24       155				
and address of previous owner	Hecompletion	Oil XX Dry Gar		
Leas Name       Weil No.       Pool Name, Including Formation       Kind of Lease -         LisA "A" FEDERAL       2       SULIMAR QUEEN       State, Federal or Fee FEDER/         Location       Unit Letter_F; 1980       Feet From The       NOR TH       Line and       1980       Feet From The       WEST         Line of Section       24       Township       15-SOUTH       Range       29-EAST       NMPM,       CHAVES       Count         II.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Mans of Authorized Transporter of OIL EX       or Condensate       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Camphead Gas       or Div Gos       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Camphead Gas       or Div Gos       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Camphead Gas       or Div Gos       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Camphead Gas       or Div To Gos       Naddress (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Camphead Gas       or Div Gos or Div Gos       Naddress (Give address to which approved copy of this form is to be sent)         If weil producti				· · · · · · · · · · · · · · · · · · ·
LISA "A" FEDERAL       2       SULIMAR QUEEN       Binte, Pederal or Fee FEDER /         Location       Unit Letter_F			ne. Including Formation	Kind of Legee
Unit Letter_F	LISA "A" FEDERAL			State, Federal or Fee FEDERAL
Line of Section       24       Township       15-SOUTH       Range       29-EAST       NMPM,       CHAVES       Count         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil []]X       of Condensate []       Address (Glue address to which approved copy of this form is to be sent)       Name of Authorized Transporter of Oil []]X       of Condensate []       Address (Glue address to which approved copy of this form is to be sent)       Norma of Authorized Transporter of Casinghead Gas []       of Dity Gas []       Address (Glue address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas []       or Dity Gas []       Norma of Authorized Transporter of Casinghead Gas []       or Dity Gas []       Norma of Authorized Transporter of Casinghead Gas []       of Dity Gas []       Norma of Authorized Transporter of Casinghead Gas []       or Dity Gas []       Norma of Authorized Transporter of Casing and the top proved Gas []       Norma of Authorized Transporter of Casing and the top proved Gas []       Norma of Authorized Transporter of Casing and the top proved Gas []       Norma of Proved Casing and the top proved Case []       Norma of Authorized Transporter of Casing and the top proved Gas []       Norma of Proved Case []       Norma of Proved Case []       Norma of Proved Case []       Norma of Prove []		O Feet From The NOR TH Lind	and 1980 Feet From T	he WEST
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL XX       or Condensate []       Address (Givs didress to which approved copy of this form is to be sent)         Name of Authorized Transporter of OIL XX       or Condensate []       North FREEMAN AVE., ARTESIA, N. M. 880         Name of Authorized Transporter of Casinghead Gas []       or Dry Gas []       Address (Givs didress to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas []       or Dry Gas []       Address (Givs eddress to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas []       or Dry Gas []       Address (Givs eddress to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas []       Or Py Gas []       Address (Givs eddress to which approved copy of this form is to be sent)         If well produces oil or liquids, []       Unit []       Besc. []       Typ. []       Reg us actually connected? []       When []         If well production 1 is commingled with that from sny other issue or pool, give commingling order number			•	
Name of Authorized Transporter of OII X or Condensate Address (Give address to which approved copy of this form is to be sent)         NAVAJO REFINING CO., PIPELINE DIVISION         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Name of Authorized Transporter of Casinghead Gas or Dry Gas         Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas or Dry Gas         If well produces oil or liquids, give commingited with that from any other lease or pool, give comminging order number         V. COMPLETION DATA         Designate Type of Completion - (X)         Only between of Producing Formation         Pool         Pool         Name of Producing Formation         Top Oil/Gas Pay         Tubing Depth         Perforations         UBING, CASING, AND CEMENTING RECORD         HOLE SIZE       CASING & TUBING SIZE         Depth Casing Shoe         Y. TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after racovary of total volume of load oil and must be equal to or esceed top all				······
Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         If weil produces oil or liquids, give location of tanks.       Unit       Bec. F       Twp. 24       Fge. 15S       29E       Is gas actually connected?       When         If this production is commingied with that from any other lesse or pool, give commingling order number       Vome       Plug Back       Same Restr.       Diff.         V. COMPLETION DATA       OIl Weil       Gas Well       New Weil       Workover       Despen       Plug Back       Same Restr.       Diff.         Date Spudded       Date Compil. Ready to Prod.       Total Depth       P.B.T.D.       P.B.T.D.         Pool       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       TUBING, CASING, AND CEMENTING RECORD       Depth Casing Shoe         W. TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or esceed top all	Name of Authorized Transporter of Oil	XX or Condensate	Address (Give address to which approv	
If well produces oll or liquids, give location of tanks.       F       24       15S       29E         If this production is commingled with that from any other lease or pool, give commingling order number.		· · · · · · · · · · · · · · · · · · ·	Address (Glue address to which approv	ed copy of this form is to be sent)
V. COMPLETION DATA         Designate Type of Completion - (X)         Date Spudded         Date Compl. Ready to Prod.         Total Depth         Pool         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         V. TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be ofter recovery of total volume of load oil and must be equal to or exceed top all			Is gas actually connected? Whe	n
Designate Type of Completion - (X)       Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.         Pool       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       Depth Casing Shoe       Depth Casing Shoe         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top all	If this production is commingled wit V. <u>COMPLETION DATA</u>			
Pool       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       Depth Casing Shoe         TUBING, CASING, AND CEMENTING RECORD       HOLE SIZE       CASING & TUBING SIZE         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowed by the factor formation	Designate Type of Completio		New Well Workover Deepen	Plug Back   Same Res'v, Diff. Res'v,
Perforations       Depth Casing Shoe         TUBING, CASING, AND CEMENTING RECORD       HOLE SIZE         HOLE SIZE       CASING & TUBING SIZE         DEPTH SET       SACKS CEMENT         SACKS CEMENT       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top elition	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
TUBING, CASING, AND CEMENTING RECORD         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         W. TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowed)	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT	Perforations	I		Depth Casing Shoe
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top al				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	OIL WELL	able for this de	pth or be for full 24 hours)	•
Length of Test Tubing Pressure Casing Pressure Choke Size	Length of Test	Tubing Pressure	Casing Pressure	CHOKe SIXe
Actual Prod. During Test Oil-Bbis. Water-Bbis. Gas-MCF	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas - MCF
				· · · · · · · · · · · · · · · · · · ·
GAS WELL     Actual Prod. Test-MCF/D     Length of Test     Bbis. Condensate/MMCF     Gravity of Condensate		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
resting Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size	i esting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	I. CERTIFICATE OF COMPLIAN	CE		
I hereby certify that the rules and regulations of the Oli Conservation APPROVED UCT 3 1969	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED UCI 3	, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. By	Commission have been complied with and that the information given		DY DUCCAL PUT	
TITLE GML 1.80 GAL CONTON			TITLE	
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepe				•
(Signature) SECRETARY	(Signation)		well, this form must be accompany	nied by a tabulation of the deviation
(Tity) All sections of this form must be filled out completely for all	SEPTEMBER 30, 1969 (Date)		All sections of this form must be filled out completely for allow-	
SEPTEMBER 30, 1969 (Dete) (Dete) (Dete) (Dete)			Fill out Sections 1, 11, 111,	and VI only for changes of owner.