v	NO. OF COPIES RECEIVED	<b>-</b>			
	DISTRIBUTION	NEW MEXICO OII	CONSERVATION CO	1551011	
	SANTA FE REQUEST FOR ALLOWABLE				Form C+104 Supercodes Old C-104 and C-1
	FILE		AND	REC	Supersedes Old C-104 and (-) Elientite 141-65
	U.\$.G.\$.	AUTHORIZATION TO TR		NATURAL GAS	
	MAY 1 9 1970				
	TRANSPORTER GAS			-	
_	PRORATION OFFICE	<b></b>		<del></del>	J. C. C.
I.	Operator Operator			ARTE	ISIA, OFFICE
	JACK T. MCCLETIAN V				
	Box 848, ROSWELL N.M. 88201  Reason(s) for filing (Check proper box)  Other (Please explain)				
	New Well	Change in Transporter of:		- captum,	
	Recompletion	Oil Dry G	Gas 🗔		1
	Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner				
Ħ.	DESCRIPTION OF WELL AND	LEASE			
	LISA "A" Federal	9 SULIMAR Q		Kind of Lease State, Federal or Feet	EDEPAL ICO69280
	Location	<del></del>			·
	,	South Li		Feet From The	West
	Line of Section 13	ownship 15S Range	29E , NMPM	, Chaves	County
m.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of O			to which approved copy o	
	Navajo Refining C		<u> </u>	<del>-</del>	tesia N.M. 8821
	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 well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Page. M 13 15S 29E	Is gas actually connecte No.	ed? When	
		ith that from any other lease or pool,	give commingling order	number:	
1 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Bac	ck   Same Resty, Diff. Resty.
	Designate Type of Completi	on $-(X)$ XX		1 1	1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D	
	4-24-70	5-15-70	1995'	199	92 '
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation QUEEN	Top Oil/Gas Pay	Tubing D	Popth 954
	Perforations	1		Depth Co	gaing Shoe
- }	1958' to 1970' with 2 shots per f		<del></del>	1992	<u> </u>
ŀ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		
	10"	8 5/8"	317°	<u>. 1</u>	100 Sacks
•	819	5 1/2"	1992		
ŀ		2 3/8"	1954'		150 Sacks
ŀ		2 3/8	1954		<del></del>
	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 allowable for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks 5/16/70	Date of Test 5/17/70	Producing Method (Flow Flowing	, pump, gas lift, etc.)	
	Length of Test 24 Hours	Tubing Pressure 160#	Casing Pressure 260#	Choke Si	4/64
}	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gae - MCI	<u> </u>
	146 bbls	146	None	1'	78 '
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity o	of Condensate
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Choke Si	<b>20</b>
ا ۱. (	CERTIFICATE OF COMPLIANCE	CE	OIL C	ONSERVATION CO	OMMISSION
				AY 1 0 1070	. 19
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		1 / /	2 // -	, 18
	bove is true and complete to the	TITLE OIL AND GAS INSPECTOR			
	,				
	Deno Mille	ad	This form is to be filed in compliance with RULE 1104.		
_	Juliu a I Wift	If this is a request for allowable ror a newly drilled or deepened			

(Fignature)
Production Supt.
(Title)

5-18-70 (Date) If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 ownwell name or number, or transporter, or other such change of conditions Separate Forms C-104 must be filled for each pool in multi-