ſ	NO. OF COPIES RECEIVED		3	
l	DISTRIBUTIO			
Ì	SANTA FE			
	FILE U.S.G.S.		1	
Ì				
I.	LAND OFFICE			<u> </u>
		OIL	1	<u> </u>
	TRANSPORTER	GAS	1	
	OPERATOR		1	
	PRORATION OFFICE			<u> </u>

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

į	SANTA FE /		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
-	FILE		AND ISPORT OIL AND NATURAL (245
}	U.S.G.S.	_	SPORT OIL AND NATORAL C	
ł	IRANSPORTER OIL /	RECEIVED		
	GAS /			
- }	OPERATOR /	APR 7 1971		
I.	Operator			
	Welfson Oil Company	0.26		HEAD GAS MUST 71 RAOTO HEAD GAS MUST 71 RAOTO WAS A CEPTION TO RAOTO
Ì	Address	ARTESIA, OFFICE		511/517/
1	3206 Republic Bank Toy	ver Dallas, Texas	Other (Please explain)	HEAD GAS MUST NO RAOTO HEAD GAS MUST NO RAOTO LI ALTER EXCEPTION TO RAOTO STAINED
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Jim (Land	HERTER CEPTION
	New Well Recompletion	Oil Dry Gas	Cyp,	n an Exer
	Change in Ownership	Casinghead Gas Condens	ate	MED
1			15 01	TAINED
	If change of ownership give name and address of previous owner			
		FACE		
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For		
	Amerada "C" Federal	1 Double L Ques	State, Feder	al or Fee Fed/ NM 039021
	Location			
	Unit Letter;330_	Feet From The Line	e andFeet From	The East
	_	mshin Tra Range	, NMPM,	County
	Line of Section 12 Tow	mship 158 Hange	295	
***	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	s	Language de la forma de la carel
111.	Name of Authorized Transporter of Oil	or Condensate	Address Otto session to think	,
	Seurloek	singhead Gas Moor Dry Gas	Bank of Soutimest Address (Give address to which appr	Midlanda Texas oved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	inghedd Gds [or Dif Gds]	Odessa, Texas	
	Phillips Pet.	Unit Sec. Twp. Age.		hen
	If well produces oil or liquids, give location of tanks.	B 12 158 29E	No yes	U nicoun July 7
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	2-22-71	3-23-71	2017	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
	3890 GR	Queen	1980	Depth Casing Shoe
	Perforations			2017
	1980-86	TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	10	1 5/8	367	150
		51	2017	150
_	AND DECLIEST F	OP ALLOWARI.F. (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow-
V	. TEST DATA AND REQUEST F	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (1 tow, pamp) and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1-1-71	Tubing Pressure	Casing Pressur	Choke Size
	Length of Test	80	320	1
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF
	47	1.7	0	310
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Langing		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
				VATION COMMISSION
V	I. CERTIFICATE OF COMPLIAN	NCE		VATION COMMISSION
			APPROVEDAPI	1971 . 19
	I hereby certify that the rules and	i regulations of the Oil Conservation with and that the information given	2/2	Gressell
	above is true and complete to the	he best of my knowledge and belief.		DAS INSOFCTOR
	,		TITLEOIL AND	GAS INSPECTOR
				to semaliones with Bill E 1104.

,	
Juedman	
H. G. Francisco	
	_
Prode Sin Fitte)	
4-5-71 (Date)	

	APR 7	1971_	
APPROVED	a Ine	ssitt	
BY	OU AND SAS IN	SPECTOR	

This form is to be filed in compliance with RULE

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 owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

e de la companya del companya de la companya del companya de la co