NO. OF COPIES RECEIVED		ł · ·		
DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104	
FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.5.		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL RAE CEIVED		
LAND OFFICE		ANSPORT UIL AND NATURAL	GALLEIVED	
TRANSPORTER OIL GAS			FEB 41974	
PROTATION OFFICE				
Operator			ARTESIA, OFFICE	
VOOD & COCKBUT				
511 Hest Ohio, Reason(s) for filing (Check prop	Midland, Texas 79701	Other (Please explain)		
New Well	Change in Transporter of:	Omer (Treuse explain)		
Recompletion	· Oil Dry G			
Change in Ownership	Casinghead Gas Conde	ensate		
If change of ownership give na and address of previous owner				
II. DESCRIPTION OF WELL /	AND LEASE			
Lease Name	Well No. Pool Name, Including I			
FIDERAL "B" Location	1 Uarl. Double L	Queen Assoc. Plate, real	al or FeeFEDERAL MM 16114	
Unit Letter P ;	660 Feet From The East Li	Ine and <u>510</u> Feet From	The South	
Line of Section 3	Township 155 Bange	293 , ммрм,	Chaves County	
Line of Section D	Township 193 halige	<u>2,26</u>	Glaves County	
II. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G.	AS Address (Give address to which appr	and convict this form is to be sent	
Name of Authorized Transporter	of Oil 🔲 or Condensate 🗌		over copy of this form is to be sent?	
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)	
Negotiati			hen	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? W No		
If this production is commingle IV. COMPLETION DATA	ed with that from any other lease or pool,	•		
Designate Type of Com	pletion — (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Book Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
11-19-73	1-24-74	1960'	1925'	
Elevations (DF, RKB, RT, GR, e		Top Cil/Gas Pay	Tubing Depth	
<u>3352 GR</u>	Oveen	1342'	1300 Depth Casing Shoe	
1.342' - 43' - 44	<u>- 47' - 43' - 50' - 52'</u>		1950 •	
	TUBING, CASING, AN CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	8 5/3"	243'	100	
7 7/3"	4 1/2"	1960'	200	
	T FOR ALLOWARLE (Test must be	ofter recovery of total volume of load of	l and must be equal to or exceed top allow-	
V. TEST DATA AND REQUES OIL WELL	able for this d	lepth or be for full 24 hours)	· · · · · · · · · · · · · · · · · · ·	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas	();;;; e:c.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water - Bbls.	Gas-MCF	
Actual Prod. During Test	011 - Bbla,			
(
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensgie/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D		None		
Testing Method (pitot, back pr.)	5 1/2 Hr. Tubing Pressure (Shnt-in)	Casing Pressure (Shut-12)	Choke Size	
Back Pr.	250 psis		12/64	
VI. CERTIFICATE OF COMPI	LIANCE		ATION COMMISSION	
	and regulations of the Oil Conservation	APPROVED	, 19	
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.		8Y		
above 13 true and complete 1	o the best of my knowledge and other	()		
		TITLE		
(Signature)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
		must the form must be accome	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Vice President ProJuction		All sections of this form E	sust be filled out completely for allow-	
(Title)		able on new and recompleted	Nells.	
Jenuary 3	Jenuary 30, 1974		II, III, and VI for changes of owner, orter, or other such change of condition.	
		Separate Forma C-104 mu	ist be filed for each pool in multiply	