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SANTA FE				
FILE				<b>V</b>
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			<u></u>
TRANSI OKI EK	GAS	Ĺ		<u> </u>
OPERATOR		L	Ĺ	
PROBATION OFFICE			•	1

SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
FILE	KEQ0E31	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
LAND OFFICE	AUTHORIZATION TO TRA		343
TRANSPORTER OIL		RECEIVED	
GAS		_	
OPERATOR	DE	C 9 1980	
PRORATION OFFICE Operator			
1 -	Companyation	D. C. D.	
Address		ESIA, OFFICE	
Post Office D	rawer 730, Roswell, New M		
Reason(s) for filing (Check proper b	ox)  Change in Transporter of:	Other (Please explain)	
New Well	Oil Dry Go		
Recompletion Change in Ownership	Casinghead Gas Conder	二 三 .	
change in Ownership			
If change of ownership give name and address of previous owner			
and address of previous owner		•	
. DESCRIPTION OF WELL AN	D LEASE.   Well No.   Pool Name, Including F	ormation Kind of Leas	se Lease No.
Lease Name			
Marlisue	7 Double L Queen	חששטעומנפע	Jule 1 N-0//2
	155 Feet From The North Lir	ne and 2145 Feet From	The East
Unit Letter;;	- 1000 Fine Title Little	, 550, 10M	
Line of Section 24	Township 14-S Range 2	9-E , NMPM, Chave	S County
Name of Authorized Transporter of	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
Navajo Crude Oil Pu			****
Navajo Crude OTI Po	Casinghead Gas or Dry Gas	Box 159, Artesia, New Address (Give address to which appro	oved copy of this form is to be sent)
Phillips Petroleum		1 4 1 1 Parties & ST	1 1 5 5 6 1 A 7 7 61 -
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	hen
give location of tanks.	K 24 14-S 29-E	Yes	6/11/80
If this production is commingled	with that from any other lease or pool,	give commingling order number:	
. COMPLETION DATA	Oil Well Gas Well		Plug Back   Same Restv. Diff. Restv.
Designate Type of Comple		New Well Workover Beepen	Trug Back Came 165 77 Bill 165 77
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/17/80	12/01/80	1972'	1963'
Elevations (DF, RKB, RT, CR, etc.	; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3809' G.L.	Queen Sand	1940'	1900'
Perforations			Depth Casing Shoe
1942-1948	THRING CASING AN	D CEMENTING RECORD	1 1970
1101 = 0175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10-1/4"	8-5/8"	410'	125 sx circ.
8"	4-1/2"	1971'	125 sx
		1	<u> </u>
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load of lepth or be for full 24 hours)	il and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
i i	12/04/80	Pumping	12 M
12/01/80 Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	0	0	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF N Q 40
77 bbls.	2	75	TSTM X 10 FX
			$\gamma_{\chi} \sim \gamma_{\chi}$
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Longin of 1000		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Tarmy manner (process and a province)			
I. CERTIFICATE OF COMPLI	ANCE	11	ATION COMMISSION
	•	DEC 1	1 1080
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied	ed with and that the information given the best of my knowledge and belief.		isset
			EXSTRICT H
( ) _0 0 ~	0.00	This form is to be filed in	n compliance with RULE 1104.
tar J. Mil	Volle	well, this form must be accom	owable for a newly drilled or deepened panied by a tabulation of the deviation
	ignature)	tests taken on the well in acc	cordance with RULE 111.

(Title) 12/08/80

(Date)

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.