

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

FEB 18 1961

O. C. D.
ARTESIA OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF EMP'S RECEIVED		
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.S.		
LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		1
PROMOTION OFFICE		

Pecos Valley Oil Industries, Inc.

Address

P. O. Box 195 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐

C11

Dry Gas

Change in Ownership ☒

Casinghead Gas ☐

Condens

If change of ownership give name and address of previous owner. C.E. LaRue & B.N. Muncy, Jr. - P. O. Box 196 - Artesia, N.M. 88210

II. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				
Lease Name Saunders 8770	Well No. 3	Pool Name, including Formation Empire Yates Seven Rivers	Kind of Lease State, Federal or Free Federal	Lease No. NM02931
Location				
Unit Letter D : 330 Feet From The North Line and 990 Feet From The West				
Line of Section 13 Township 17-S Range 27-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P. O. Box 175 Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					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.	Rge.
					Is gas actually connected?	When
					No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hest'g.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all
able for this depth or be for full 24 hours)

OIL WELL			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL.

GAS WELL.			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Operator

February 18, 1981

(1319)

OIL CONSERVATION DIVISION

APPROVED MAY 06 1981 12

BY W. A. Dresse
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

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 walls.

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 multiple completed wells.