NO. OF COPIES RECEIVED	-	÷.,	L
DISTRIBUTION		CONSERVATION COMMISSION	Free C 104
REQUEST F		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
FILE		AND	REflective 1-1-65
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS
OIL			111N 7 1005
GAS	—		JUN 7 1965
OPERATOR ~			а. с. с.
I. PRORATION OFFICE			ARTEBIA, OFFICE
Humble Oil & Ref:	ining Company	N N	
Address:			
Box 2100, Hobbs,	New Mexico		
Reason(s) for filing (Check proper bo		Other (Please explain) Cha	ange of lease name and
Now Well	Change in Transporter cf:	well number.	
Recompletion	Cil Dry Go	To: New Mexico	ff D <sub>r</sub> aw Unit, Well No. 2
Bamanica . Oni ginally da	Casinghead Gas Conde	usule ; 1 .	
hollevinf Rear lakei Peane (	rilled while in Federal U Gas Pool) name changed by	"USGS to Chalk Bluff Draw I	Jnit, Well No. 2, (dry
BJFCHE Storacreage was-	excluded from Chalk Bluf	f Draw Unit Area.	
I. DESCRIPTION OF WELL AND		-	
Lease Name		me, Including Formation	Kind of Lease
New Mexico State BZ	1 Padd	ook inc	State, Federal or Fee State
Location			
Unit Letter <u>K</u> ; <u>193</u>	BO Feet From The South Lin	te an	he west
Line of Section 32 , To	wuship <b>17-S</b> Range <b>2'</b>	7-2	
,	wiship 17-5 Range Z	/=1, NMPM, E	ddy County
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Ci	i or Condensate	Adaress (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Co	asinghead Gas of Dry Gas	As seess (Give address to which approv	ed copy of this form is to be sent)
		· · · · · · · · · · · · · · · · · · ·	
If well produces off or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is the lotter, / connected? Whe	n
		1 · · · · · · · · · · · · · · · · · · ·	
If this production is commingled wi COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	$on = (\Lambda)$		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2001			
-00.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
TEST DATA AND DEOUTST F		1	
. TEST DATA AND REQUEST F OIL WELL		fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cíl-Bbls.	Water-Bbls,	Gas-MCF
i	<u></u>		
GAS WELL			
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	abing Pressure	Casing Pressure	Choke Size
. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
		JUN 7 , 19	65
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.		APPROVED, 19	
		BY MLLImatrong	
		$\neg$	·
		TITLE	
U.J. Carl Tim		This form is to filed in compliance with RULE 1104.	
(Signature)		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	
District Chief Engineer		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	ile)	All sections of this form mus able on new and recompleted wel	t be filled out completely for allow- ls.
June 3, 1965			and VI only for changes of owner,
(De	ate)	well name or number, or transporte	r, or other such change of condition.
		Sevence Forms C-104 must be filed for each pool in multiply	