

NEW MEXICO
OIL CONSERVATION COMMISSION
P. O. DRAWER DD
ARTESIA, NEW MEXICO

October 3, 1967

No. A 10

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE 10/3/67

PURPOSE: ALLOWABLE CANCELLATION

Effective 10/1/67, the allowable of the following
Christena Loyd wells in the pool listed below are
hereby cancelled for failure to file Form C-115.

Empire Yates Seven Rivers

Harbold Fed. #3-F, 35-17-27

" #12 C, "

" #13-F, "

Trigg Fed. #1, 2-O, 26-17-27

WAG/jw

Christena Loyd

Continental

OIL CONSERVATION COMMISSION



SUPERVISOR, DISTRICT NO. 2

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TRANSPORTER	OIL	/
	GAS	
OPERATOR		3
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

JUL 5 1967

Operator Christena Loyd		O.C.C. ARTESIA, OFFICE	
Address 918 So. Roselawn, Artesia, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
		Correct location of tank battery- OLS-40	

If change of ownership give name and address of previous owner **Wright Oil Co., Ltd. Box 565 Artesia N. Mex.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harbold Federal	Well No. 3	Pool Name, Including Formation Empire Yates 7 Rivers	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter F ; 2310 Feet From The N Line and 2310 Feet From The W Line of Section 35 , Township 17S Range 27E , NMPM, Eddy County.			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Continental Oil Co.	Address (Give address to which approved copy of this form is to be sent) No. Freeman St., Artesia, N. M.	
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 9 Sec. 26 Twp. 17S Rge. 27E	Is gas actually connected? <input type="checkbox"/> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	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			

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 allowable for this depth or be for full 24 hours)

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	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

Christena Loyd
(Signature)

Operator

(Title)

6/24/67

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 5 1967

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BY

W. C. Cressett

TITLE

OIL AND GAS INSPECTOR

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 wells.

Fill out Sections I, II, III, and VI only 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 completed wells.