<u> </u>			
NO. OF COPIES RECEIVED		5	
DISTRIBUTION	ON		
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PRORATION OFFICE		[_	

II.

III.

IV.

10

NO. OF COPIES RECEIVED	****			
DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104	
SANTA FE /		REQUEST FOR ALLOWABLE		
U.S.G.S.	⊣	AND		
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GASRECEIVED	
TRANSPORTER OIL /	_			
OPERATOR	1		MARIO 1970	
PRORATION OFFICE	1			
Cities Service 0	il Company		C. C. Z. ARTESM, OFFICE	
Address				
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:	Office (1 lease explain)		
Recompletion	Oil X Dry Ga			
Change in Ownership	Casinghead Gas Conder	nsate I from Service		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name ('A')	Well No. Pool Name, Including Fo		Lease No. LC-057798	
Location / D 23	· · · · · · · · · · · · · · · · · · ·	1.90	E	
Unit Letter P; 33	Feet From The South Lin	e and 480 Feet From	The East	
Line of Section 35 To	wnship 175 Range	27E , NMPM,	Eddy County	
	TER OF OIL AND NATURAL GA	S_		
Name of Authorized Transporter of Oil Amoco Pipeline Compa	_	Address (Give address to which appr 3411 Knoxville Ave -		
Name of Authorized Transporter of Ca	_ `	Address (Give address to which appr		
Phillips Petroleum C		Box 6666 - Odessa, Te		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 35 178 27E	Is gas actually connected? W	5-1959	
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv	
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	
(21) mb, ki, ok, etc.)	, , , , , , , , , , , , , , , , , , , ,	1		
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be at	fter recovery of total volume of load oi pth or be for full 24 hours)	l 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	ift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
-				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	ength of Test Bbls. Condensate/MMCF Gravity of Condensate		
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

(Title)

Dist. Admin. Supervisor

March 17, 1970

(Date)

MAR 23 1970

MAR 19 970 , 19

1. 16 4 TITLE OIL AND GAS INSPECTOR ARTESIA NEW CENTRAL

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 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 multiply completed wells.

NO. OF COPIES REC	EIVED	5	
DISTRIBUTION		T	
SANTA FE		1	
FILE		/-	
U.S.G.S.			
LAND OFFICE			
	OIL	7	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			
Operator			
Cities Address	<u>ser</u>	vice	0
Box 6		ebbs	.
Reason(s) for filing	(Check)	oroper	Бох)
New Well			
Recompletion			
Change in Ownershir	X		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURA	
LAND OFFICE			
TRANSPORTER GAS /		0	RECEIVED
OPERATOR /		P	•••
I. PRORATION OFFICE Operator			JUL 1 4 1965
Cities Service	OII COMPANY		O. C. C.
- 4	New Mexico		ARTESIA, OFFICE
Reason(s) for filing (Check proper 5	ox)	Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry G	Change in wo	il name from Magruder- 13 to Magruder "A" No. 13.
Change in Ownership	Casinghead Gas Conde	ensate	13. to half due! "A" No. 13.
If change of ownership give name and address of previous owner	Carper Brilling Con	Whates Ame America	Many a Many Barra
and address of previous owner		mpany, inc., Artesia,	HEN MEXICO
II. DESCRIPTION OF WELL AND Lease Name		ame, Including Formation	Kind of Lease
Magruder "A"	13 Ea	mire Abe	ASSUR, Federal JOSEF Federal
Location	30 Feet From The South Li	LOA	-
Unit Letter;	30 Feet From The South Li	ne and 430 Feet F	rom The
Line of Section 35 , T	ownship Range	, NMPM,	Eddy County
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA		
Name of Authorized Transporter of C			approved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which a	approved copy of this form is to be sent)
Phillips Petrol	Unit Sec. Twp. Rge.	Box 6666 - 0 Is gas actually connected?	dessa, Texas
If well produces oil or liquids, give location of tanks.	N 35 17-5 27-E	,	K - 1959
	with that from any other lease or pool,	give commingling order number:	
Designate Type of Complet	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			1.3.1.2.
F)ool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TIIRING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V TRECT DATE AND DECLIECT	EOD ALLOWARIE (III)		
V. TEST DATA AND REQUEST I	able for this de	epth or be for full 24 hours)	l oil and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as 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
resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIAN	NCE	11	RVATION COMMISSION
	I regulations of the Oil Conservation	APPROVED	4 1965 ——————, 19 ————
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY MLametrong	
		TITLE COLUMN GAR	ware too
0	1		in compliance with RULE 1104.
Ca Kole	nature)		illowable for a newly drilled or deepened impanied by a tabulation of the deviation
Blatrict Cle		tests taken on the well in a	ccordance with RULE 111.
	Title)	able on new and recompleted	
July 1, 1965	Date)		III, and VI only for changes of owner, sporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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Fig. 1. And the second of the

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