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TRANSPORTER	OIL 1 GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
R E C E I V E D AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 24 1971
U. S. G. S.
ARTESIA, OFFICE

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

I. Operator
ROBERT H. BIRDWELL

Address
Drawer 40, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box) **Other (Please explain)**

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate *Correct log tanks*
 Change in Ownership

If change of ownership give name and address of previous owner **Archie M. Speir, Artesia, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name SRLG UNIT	Well No. 1	Pool Name, Including Formation Red Lake Grayburg	Kind of Lease State, Federal or Fee State	Lease No. B11538
Location Unit Letter C ; 660 Feet From The North Line and 1650 Feet From The West Line of Section 36 Township 17 Range 27 , 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"/> Navajo Refining Co., Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>None</i>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. CI	Unit 36 Sec. 17 Twp. 27 Rge. 27
Is gas actually connected? 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 Res'v.	Diff. Res'v.
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								
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	Bble. 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.

James Laugherty
(Signature)
Secretary
(Title)
October 1, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 8, 1971, 19 _____
BY W. A. Gressett
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 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.