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TRANSPORTER	OIL 1
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OPERATOR	2
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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

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DEC 21 1966

I. Operator Archie M. Speir ✓
 Address Post Office Drawer 40 Artesia, New Mexico
 Reason(s) for filing (Check proper box)
 New Well Change In Transporter of: Oil Dry Gas
 Recompletion Oil Condensate
 Change In Ownership Casinghead Gas Condensate
 Other (Please explain) Change Lease name from Dooley State

If change of ownership give name and address of previous owner Martin Yates, III 375 Canyon Blvd. Artesia, N.M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>South Redlake Unit Tract #1</u>	<u>10 #1</u>	<u>Red Lake Grayburg</u>	<u>REGULATORY</u>	<u>B-752</u>
Location				
Unit Letter <u>K</u>	<u>2310</u>	Feet From The <u>South</u> Line and <u>1650</u>	Feet From The <u>West</u>	
Line of Section <u>36</u>	Township <u>17 South</u>	Range <u>27 East</u>	NMPM, <u>Eddy</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Continental Oil Company</u>	<u>P. O. Box 367 Artesia, New Mexico</u>					
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)					
<u>None</u>	<u>P. O. Box 410 Artesia, New Mexico</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>K</u>	<u>36</u>	<u>17</u>	<u>27</u>	<u>No</u>	

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 <input checked="" type="checkbox"/>	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.					
<u>12-14-1947</u>	<u>1-20-1948</u>	<u>1710</u>						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	<u>Premier</u>	<u>1690</u>	<u>1691</u>					
Perforations							Depth Casing Shoe	
<u>Open Hole</u>							<u>1427</u>	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>10</u>	<u>8 1/2</u>		<u>936</u>		<u>Pulled</u>			
<u>8</u>	<u>7</u>		<u>1427</u>		<u>50</u>			

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 (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.

Archie M. Speir
 (Signature)
 Unit Operator
 (Title)
 December 20, 1966
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY W. A. Gessert
 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.