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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

Operator Archie M. Speir	
Address Post Office Drawer 10 Artesia, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Change lease name from Dooley State	

If change of ownership give name and address of previous owner **Martin Yates, III 323 Canyon Blvd. Artesia, New Mexico**

Lease Name South Redlake Unit Tract 10 # 4	Well No. 2310	Pool Name, Including Formation Red Lake Grayburg	Kind of Lease State, KREKXKREKX	Lease No. B-752
Location				
Unit Letter K	2310	Feet From The South Line and 2310	Feet From The West	East
Line of Section 36	Township 17 South	Range 27 East	, NMPM, Eddy County	

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)		
Continental Oil Company		P. O. Box 367 Artesia, New Mexico		
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)		
None				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	K	36	17	27
Is gas actually connected?		When		
No				

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>							
Date Spudded 1-1-1949	Date Compl. Ready to Prod. 2-3-1949	Total Depth 1747		P.B.T.D. 1747					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Premier	Top Oil/Gas Pay 1710		Tubing Depth 1434					
Perforations Open Hole				Depth Casing Shoe 1434					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10		8 1/2		820		Pulled			
8		7		1434		50			

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
December 20, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 21 1966**, 19
BY **L. A. Gussert**
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.