DISTRIBUTION SANTA FE II.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

Copy To S. F.

U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS RECEIVED
LAND OFFICE	-		
TRANSPORTER GAS	-	(TH)	JAN 9 1969
OPERATOR 3	-		
PRORATION OFFICE			U. C. C.
Operator	line		
Address	Ling		
262 Carper b	uilding, .rtesia, New Mex	Other (Please explain)	
Reason(s) for filing (Check proper bo	Change in Transporter of:	Office (1 sease explains)	
Recompletion	Oil Dry Go	as 🔲	
Change in Ownership	Casinghead Gas Conde	nsate	,
If change of ownership give name	Lauretta n. Ehillips,	408, artesia, New Mexic	co 88210
and address of previous owner			
DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	Formation Kind of Lea	se Lease No
-		State, Feder	alor Fee State 1969-132
Location Location	-		
Unit Letter;;/4	50 Feet From The South Lin	ne and /1,50 Feet From	The West
Line of Section 1; To	ownship 17 Range	્રા , NMPM, હૈ	ddy County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS Address (Give address to which appr	oved copy of this form is to be sent)
Continental Lili Con	Principal de Lambi	- torth Freeman Street,	artesia, R.M. 88210
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appr	
rhillips-catro-eum	Unit Sec. Twp. Rge.	Is gas actually connected?	hen
If well produces oil or liquids, give location of tanks.	15 17 28	Yes	1961
	with that from any other lease or pool,		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Designate Type of Complet		New Well Holzotti	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
TI W OF DEP OF	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Number Producting 1 Structure		
Perforations			Depth Casing Shoe
	TUBING CASING AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top z .
OIL WELL Date First New Oil Run To Tanks	Date of Test	depth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run 10 1diles	24.0 07 1330		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Total	Oil-Bbls.	Water - Bbls.	Gas-MCF
Actual Prod. During Test	011-155161		
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	52.5. Gallasiis 117, 111115	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			/A TION COMMISSION
. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	VATION COMMISSION IN 1 () 1969
I hanabu agusifu shas sha milan am	d regulations of the Oil Conservation	APPROVED	11 10 1303
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.		By W. a. Gressett	
above is true and complete to	me hear or my knowledge and better	UIL.	AND GAS INSPECTÕÕ
11	\mathcal{O} \mathcal{O}	TITLE	and large mish and a 4404
Dalla + SI	Balina		n compliance with RULE 1104. lowable for a newly drilled or deepe
/ / / / / / / / / / / / / / / / / / /	ignature)	well, this form must be accome tests taken on the well in accome	readian by a tabulation of the dayse
· · ·	<i>+</i>	tests taken on the well in ac-	ARIMOHINA METH MARK 1314

(Date) ry 8, 1969

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.

