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DISTRIBUTION			
SANTA FE		T	
FILE		1	
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LAND OFFICE		١.	
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INANSPORTER	GAS		
OPERATOR		1	
PRORATION OFFICE			

ļ	DISTRIBUTION	l .	NSERVATION COMMISSION	Supersedes Old C-104 and C-110		
	SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65		
	FILE		AND	0.10		
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GARECEIVED		
	LAND OFFICE					
	TRANSPORTER OIL			OCT 0 1072		
	GAS			OCT 9 1973		
	OPERATOR					
I.	PRORATION OFFICE	<u> </u>		O. C. C.		
	Operator Take D. Cray			ARTESIA, OFFICE		
	John R. Gray					
	Address	Varian Navigo 99	210			
	P. O. Box 1046, Artesia, New Mexico 88210 Research for filing (Check proper hax) Other (Please explain)					
	Reason(s) for filing (Check proper box)	Change in Transporter of:		. 10/1/72		
	New Well			re 10/1/73		
	Recompletion		─			
	Change in Ownership X	Casinghead Gas Condens	adia 🔲			
	If change of ownership give name		D 0 D	Midland Tv 79701		
	and address of previous owner P	enroc Oil Corporation	n, P. O. Drawer 831	MIGIANG, IX. 75701		
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Leo	se Lease No.		
	Lease Name			c+z+z $B-2071$		
	N.G.Phillips-State	I Micebia, (get	Biate, : 545			
	Location			27 1-3-		
	Unit Letter G : 231	O Feet From The East Line	and 1650 Feet From	n The North		
				Eddy a		
	Line of Section 27 Too	wnship 17S Range	28E , NMPM,	Eddy County		
III.	DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GAS	S (C)	roved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which upp			
	Navajo Refining Co	mpany July 1	N. Freeman Ave., A	rtesia, N. M. 88210		
	Name of Authorized Transporter of Car	singhead Gas X or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)		
	Phillips Petroleum	n Company	Odessa, Texas 1970	61		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	15 945 451441	When		
	give location of tanks,	J 27 17S 28E	Yes	9/1/60		
		th that from any other lease or pool,	give commingling order number:	PC-156		
**	If this production is commingled wi	in that from any other lease or poor,				
14.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
	Designate Type of Completic	on = (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Suite Spanis					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	Perforations					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	AOLL SIZE					
			to a second second sections of load to	oil and must be equal to or exceed top allow		
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	opth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	: lift, etc.)		
	Date First New Oil Run 10 Tunes	Da. 0 0 1 1 0 0 1				
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	. abang . rossa				
		Oil-Bbis.	Water-Bbls.	Gas-MCF		
	Actual Prod. During Test	OII-BBIG.				
			<u></u>			
		•				
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Langth of Test				
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Sabing 1 1000 and Comment			
				TION COMMISSION		
V	L CERTIFICATE OF COMPLIAN	NCE		VATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		OC1 9	OCT 9 1973		
			APPROVED			
	Commission have been complied	with and that the information given	BY W. a. gressett			
	above is true and complete to the	he best of my knowledge and belief.				
	John R Strong (Signature)		TITLE OIL AND GAS INSPECTOR			
			li .	This form is to be filed in compliance with RULE 1104.		
			to allowable for a newly drilled or deepene			
	- Athur F	2 sugg	well, this form must be accompanied by a tabulation of the deviation 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.			
	// (Sig	(nature)				
		awner				
		Title)				

All sections of this form must be filled out completely for allow able 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 multiple completed wells.