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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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Operator Castle and Wigzell ✓	
Address P. O. Box 868, Midland, Texas	
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) C. C. S. ARTESIA, OFFICE	
If change of ownership give name and address of previous owner John B. Castle and H. Brace Wigzell, Box 868, Midland, Texas	

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. G. Phillips - State	Well No. 2	Pool Name, Including Formation Artesia (O.G.S.A.)	Kind of Lease State, Federal or Fee State
Location Unit Letter H ; 1650 Feet From The North Line and 990 Feet From The East Line of Section 27 , Township 17S Range 28 E , 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"/> Continental Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 410, Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 27	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When 9-1-60

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

PC-156

IV. COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-3-59	Date Compl. Ready to Prod. 8-8-59		Total Depth 1975'		P.B.T.D. 1973'			
Pool Artesia	Name of Producing Formation Grayburg		Top Oil/Gas Pay 1894'		Tubing Depth 1850'			
Perforations 1894' - 1902' ; 1932' - 1944'					Depth Casing Shoe 1975'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10 3/4" 8 "	CASING & TUBING SIZE 8 5/8" 5 1/2" 2 "		DEPTH SET 465' 1975' 1850'		SACKS CEMENT 50 100			

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	Casing Pressure	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.

M. L. Roberts
(Signature)

Production Superintendent

(Title)

August 11, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 23 1965**, 19

BY *M. L. Armstrong*

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 Sections I, II, III, and VI only 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.