NO. OF COPIES RECI	6	
DISTRIBUTIO		
SANTA FE		
FILE	/-	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	7
INANSFORIER	GAS	/
OPERATOR	12	
PROPATION OF		

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	U.S.G.S.	ALITHOPIZ.	ATION TO TRA	AND NSPORT OIL AN	ID NATURAL C	======================================	•	
	LAND OFFICE	AOTHORIZA	ATION TO TRA	NO OKT OIL AN	D NATURAL O	e, e e e		
	TRANSPORTER GAS /							
	OPERATOR 2						37	
1.	PRORATION OFFICE Operator	L				· · · · · · · · · · · · · · · · · · ·		
	Penroc Oil Corporat	tion				2		
	P. O. Box 1004, Mid	lland. Texa	s 79701					
	Reason(s) for filing (Check proper box)	Hand, Yene	13 13101		ease explain)			
	New Well	Change in Tran	sporter of: Dry Ga		ge of Oper Le and Wig			
	Recompletion Change in Ownership	Casinghead Gas			oc Oil Cor		ı	
	If change of ownership give name			Effec	tive July	1, 1967		
	and address of previous owner		·		·			
II.	DESCRIPTION OF WELL AND I	EASE	Name, Including F	ormation.	Kind of Lease	<u></u>	Lease No.	
	N. G. Phillips-State	1 _ 1		.G.S.A.)	State, Federa		B-2071	
	Location							
	Unit Letter;165	50 Feet From The	South Lin	e and 1650	Feet From 5	The East		
	Line of Section 27 Tow	mship 178	Range	28 E , N	мрм,	Eddy	County	
***	DESIGNATION OF TRANSPORT	FR OF OIL AND	NATURAL GA	s				
111.	Name of Authorized Transporter of Oil	or Conden		Address (Give addr	man Cli	ved copy of this form is t		
	Continental Pipe Li 'Name of Authorized Transporter of Cas	ine Company	Dry Gas	P. O. Box	č 410 . Art	esia, New Me	copy of this form is to be sent)	
	Phillips Petroleum		<i>3. 5.</i> 7 Guo	Bay 60	66 Cottes	sa Jey.	, in the second	
	If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually con		en		
	give location of tanks.	J 27	17S 28E	<u> </u>		2-15-61 PC-156		
IV.	If this production is commingled wit COMPLETION DATA						v. Diff. Resiv.	
	Designate Type of Completio	on - (X)	ll Gas Well	New Well Worko	ver Deepen	Plug Back Same Res	l l	
	Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.	L	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay		Tubing Depth		
	Elevations (DF, RRB, RI, GR, etc.)	Iddine of Froddering						
	Perforations					Depth Casing Shoe		
		TUBI	NG, CASING, ANI	CEMENTING RE	CORD			
	HOLE SIZE		UBING SIZE		H SET	SACKS CEN	MENT	
	The state of the s	OR ALLOWARY E	· · · · · · · · · · · · · · · · · · ·	4	unlume of land oil	and must be equal to or	exceed top allow	
V.	TEST DATA AND REQUEST FO		able for this de	pth or be for full 24	hours)			
	Date First New Oil Run To Tanks	Date of Test		Producing Method	Flow, pump, gas li	yr, erc.)		
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.	 	Gas - MCF		
	Actual Float During 1991							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/	MMCF	Gravity of Condensate		
				Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Casing : ressar (,			
VI	. CERTIFICATE OF COMPLIAN	CE		0	IL CONSERVA	ATION COMMISSIO	N	
	and the state of t		Oil Consequation	APPROVED_		- 150.7	19	
	I hereby certify that the rules and a Commission have been complied above is true and complete to the	with and that the I	information given	11 / 1	a dra	sett		
	above is true and complete to the	, best of my know	ledge and belief.	!!		ECTOB		
	^			TITLE		compliance with RUL	E 110A.	
	MI Lolesto (Signature)		TE Abin in	sequent for allo	wable for a newly drill	ed or deepened		
			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	Production Superin	tendent		All section	ns of this form mand recompleted w	ust be filled out compl	etely for allow-	
	July 1 1967			J 7:31 0	mly Cambiana I 1	IT III and VI for cha	nges of owner,	
	(De	ate)		well name or n	amper, or transpor	rten or other such chan		

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	NO. OF COPIES REC	6		
	DISTRIBUTION	ОИ		
	SANTA FE		/	
	FILE		1-	
	U.S.G.S.			AU'
	LAND OFFICE			
	TRANSPORTER	OIL	/	
	OPERATOR		2	
I.	PRORATION OF	FICE		
	Operator			
	Address			nd Wig
	Reason(s) for filing	(Check	proper bo	x 868,
	New Well			Chan
	Recompletion			Oil
	Change in Ownershi	p q		Casi
II.	If change of owner and address of pre-	ovious ov	uner	LEASE
	N. G. Phi			
	Unit Letter	27		ownship
III.	DESIGNATION O	OF TRA	NSPOR	RTER OF
	Lame of Maniotized			

	· ·			<i>V</i>
NO. OF COPIES RECEIVED	6			
DISTRIBUTION		ICO OIL CONSERVATION		Form C-104 Supersedes Old C-104 and C
SANTA FE	/ ∕ R	REQUEST FOR ALLOWABLE		
FILE	/-	AND		
U.S.G.S.	AUTHORIZATION	N TO TRANSPORT OIL	AND NATURAL G	GAS
LAND OFFICE	- , -			
TRANSPORTER OIL	1,			
GAS	/		·	RECEIVED
OPERATOR	2		$\mathcal{X} \neq \emptyset$	•-
PRORATION OFFICE				
Operator	/			AUG 2 0 1965
Cast	le and Wigsell			
Address				o. c. c.
P. C	. Box 868, Midlar	d, Texas	(D)	ARTESIA, OFFICE
Reason(s) for filing (Check)	proper box)	Office	(Please explain)	
New Well	Change in Transporter			
Recompletion	Oil	Dry Gas		
Change in Ownership	Casinghead Gas	Condensate		
If change of ownership giv and address of previous ov I. DESCRIPTION OF WEL	vner John B. Castle	and H. Brace Wi	gzell, Bozz	868, Midland, Texas
Lease Name	Well N	No. Pool Name, Including Form	nation	Kind of Lease
N. G. Phillip	s - State 5	Artesia (Q.(3.S.A.)	State, Federal or Fee State
 	; 1650 Feet From The So	uth_Line and1650	Feet From	The East
Line of Section	, Township	Range 22 R	, NMPM,	Eddy County
Ellie of Section	, Township	40 S		
I. DESIGNATION OF TRA	orter of Oil or Condensate	Address (Give a		ved copy of this form is to be sent)
Continental Pi	ne Line Co		ox 410, Art	osia, New Maxico ved copy of this form is to be sent)
Name of Authorized Transpo	orter of Casingheda Gasas of Diy	_		
Phillips Petro	Leum Co. Unit Sec. Twp.	Rge. Is gas actually a	ville, Okla	en en
If well produces oil or liquid				
give location of tanks.	J 27 17	S 286 Yes		2-15-61
If this production is comm	ingled with that from any other lea	se or pool, give commingling	g order number:	PC-156
V. COMPLETION DATA	Oil Well	Gas Well New Well Wo	rkover Deepen	Plug Back Same Res'v. Diff. Res
Designate Type of C		Gds Well 176W Well W	1.	1
	Date Compl. Ready to Pro	d. Total Depth		P.B.T.D.
Date Spud led	-			20571
1-12-61	Name of Producing Forma	tion Top Oil/Gas Pa	TV	Tubing Depth
Pool	Name of Producing Forma			
Artonia	Grayburg	2024		2015 Depth Casing Shoe
Perforations		ı		
20241 - 3	0341	· · · · · · · · · · · · · · · · · · ·		20571
		ASING, AND CEMENTING		SACKS CEMENT
HOLE SIZE	CASING & TUBIN	G SIZE DE	PTH SET	
10#	8 5/9n	5601		50
28	5 1/2"	20571		391
	3 "	2015+		
	$[\mathbf{UEST} \ \mathbf{FOR} \ \mathbf{ALLOWABLE}] = (T_{\mathbf{c}})$	est must be after recovery of to le for this depth or be for full	ital volume of load oil 24 hours)	and must be equal to or exceed top all
OIL WELL Date First New Oil Run To	the contract of the contract o		od (Flow, pump, gas l	ift, etc.)
Date First New Oil Run 10	I diks Date of Test		(•
	· Tubing Pressure	Casing Pressure	<u> </u>	Choke Size
Length of Test	. I dbilld Liesame	0		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF
Actual Prod. During Test	0.1 55.51			
\				
GAS WELL		12,, 2		Cognity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenso	ne/MMCF	Gravity of Condensate
		Carles Bress		Choke Size
Testing Method (pitot, bac	k pr.) Tubing Pressure	Casing Pressur	0	CHOKA DISA
			011 00110=511	A TION COMMISSION
VI. CERTIFICATE OF CO	MPLIANCE		_	ATION COMMISSION
		ABBBOYE	AUG 2 3	<u> 1965, 19</u>
I hereby certify that the	rules and regulations of the Oil C	onservation APPROVED	·	, , ,

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Product :	on S	unari	224	ADC	ont
	-		11.7		

August 11, 1965

(Date)

APPROVED	AUG 2 3 1965	, 19
my mi	arrestrong	
TITLE	OR APP MAR 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.