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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

RECEIVED

AUG 22 1974

O. C. C.

ARTESIA, OFFICE

Operator

John R. Gray

Address

P. O. Box 304, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Plug Back oil well.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, Including Formation	Kind of Lease	Lease No.
N. G. Phillips State	7	East Empire-Yates-SR	State, Federal or Fee State	B-2071
Location				
Unit Letter		Feet From The	Line and	Feet From The
F	2310	North	2310	West
Line of Section	27	Township	17S	Range 28E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Navajo Refining Company-Pipe Line Division		P. O. Box 175, Artesia, New Mexico				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Phillips Petr. Co.		4th & Washington Address before				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	27	17S	28E	yes	8-17-74

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X						X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-8-14-74	8-17-74	2011	851'					
Elevations (DF, RKB, RT, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3652' G.	Seven Rivers	776'	800'					
Perforations						Depth Casing Shoe		
776 - 797						851'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8"	4 1/2"	864'	75					
	2"	800'						
10	8 7/8"	545	35					
	2"	800						

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.)	
8-17-74	8-18-74	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
120	80	40 (Frac water)	0

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.

Alvin G. Gressett
(Signature)

Agent

(Title)

August 21, 1974

(Date)

OIL CONSERVATION COMMISSION

AUG 23 1974

APPROVED

BY

W. A. Gressett

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.