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U.S.G.S.			
LAND OFFICE			
TRANSPORTER GA	5	į	
OPERATOR		(

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

L	FILE		AND	Filective 1-1-02		
-	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (GAS FEELVED		
	, , , ,					
	TRANSPORTER GAS			OCT 9 1973		
	OPERATOR (OCT 9 1973		
1.	PRORATION OFFICE Operator			O. C. C.		
	John R. Gray			ARTESIA, OFFICE		
f	dress					
	P. O. Box 1046, Artesia, New Mexico 88210 Other (Please explain)					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)			
1	completion Oil Dry Gas Effective 10/1/73					
ĺ	Change in Ownership X	Casinghead Gas Conden	sate			
_	of the same of automobile give name					
á	and address of previous owner Pe	enroc Oil Corporation	n, P. O. Drawer 831,	Midland, Tx. 79701		
TI.	DESCRIPTION OF WELL AND I	্রের র ম				
••• · · ·	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	01 - 1 - 10 2077		
	N.G.Phillips-State	8 Artesia (C	(2.G.S.A.) State, Feder	al or Fee Scace D-2071		
	Location	7.0	e and 990 Feet From	The West		
	Unit Letter <u>E</u> ; 23	10 Feet From The NorthLine	e and 990 Feet From	The WEST		
	Line of Section 27 Tow	mship 17S Range	28E - , NMPM,	Eddy county		
i.						
EZ.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)		
į			N Freeman Ave. Ar	tesia. N. M. 88210		
	Name of Authorized Transporter of Cas	Vajo Refining Co. N. Freeman Ave., Ar Authorized Transporter of Casinghead Gas K or Dry Gas Address (Give address to which appro				
	Phillips Petroleum	Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) Odessa, Texas 79761		
	If well produces oil or liquids,	Unit Sec. Twp. Rge. J 27 17S 28E	ls gas actually connected? W	hen 5/15/62		
l	give location of tanks.		<u> </u>	PC-156		
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give comminging order number.			
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Butto Compile Heady to Free				
-	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Off/Gas Pay	Tubing Depth		
			<u> </u>	Depth Casing Shoe		
	Perforations					
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			1			
v.	TEST DATA AND REQUEST F	CRALLOWABLE (Test must be a	fter recovery of total volume of load of	I and must be equal to or exceed top allow-		
•	OHL WELL	able for this de	pth or be for full 24 hours) Producing Mathod (Flow, pump, gas	lift, etc.)		
	Date First New Oil Run To Tanks	Date of Test	. 100.00.1,			
	Length of Test	Tubing Pressure	Casing Prossure	Choke Size		
				Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gan-Wei		
	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 (Shut-in)	Casing Pressure (Silde 111)	Gildae Gille		
% / E	CEDOMETOADE OF COMPTAIN	COMPTO AND OF COMPTUTION		ATION COMMISSION		
V 1.	ertificate of compliance		OCT 9 197	OCT 9 1973		
	hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	, 19		
			BY_ W. Ch Gressell			
			TITLE QIL AND GAS INSPEC	TOR		
		and R. Mros		This form is to be filed in compliance with RULE 1104.		
	A. A.					
	(Sign	Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.		
		Levre	fit eactions of this form t	nust be filled out completely for allow		
		itle)	able on new and recompleted wells.			

All sections of this form must be able on new and recompleted wells.

Fill out only Sections I, II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition. Sopa: Forms C-104 must be filed for each pool in multiply complete.

10-1-13 (Date)