1	CONSERVATION COM T FOR ALLOWABLE AND RANSPORT OIL AND		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
REQUES	ST FOR ALLOWABLE AND		Supersedes Old C-104 and C-11
	AND		
AUTHORIZATION TO T		NATURAL CAS	2.1.001.170 1-1-05
AUTHORIZATION TO T	RANSPORT OIL AND	NATHDAL CAS	
		MATURAL GAS	
		DE	CENTER
		KE	CEIVED
·		JA'N	1 <del>0 1980</del>
			2 0 1300
	9-0	0. (	C. D
a. New Mexico 88210		ARTESIA	<b>-</b> .
•	Other (Plea		, OFFICE
	Omer (1 lea	se explain,	
	Gas		
	<b>=</b> 1		
		Kind of Lease State, Federal or F	Lease No. B-2071
13 245 24512	Tucco / II		Scate B-2071
Foot From Morth	Line and 1650	Fact From Th	Fact
Feet From The MOLCH	Line and 1000	Feet rrom The	East
nship 17S Range	28E , NMF	м. Eddy	County
inghead Gas (A) or Dry Gas (Company Unit Sec. Twp. Page.  C 27 175 28E  h that from any other lease or pool	Address (Give address  Bartlesville  Is gas actually connect  yes.  ol, give commingling ord	No which approved control of the con	opy of this form is to be sent)  2/8/79  ag Back   Same Res'v.   Diff. Res'v
n - (X)	Re-en	try	)
Date Compl. Ready to Prod.	Total Depth	P.E	B.T.D.
12/7/79	Old TD 19	75,	800
Name of Producing Formation	Top Oil/Gas Pay		bing Depth
Seven Rivers	742'		744 1
		De	pth Casing Shoe
			1457 '
TUBING, CASING, A	AND CEMENTING RECO	RD	
CASING & TUBING SIZE			SACKS CEMENT
	457'		50 Sxs.
4 1/2"	1457		1600 Sxs.
R ALLOWABLE (Test must b.	e after recovery of total ve	lume of load oil and n	nust be equal to or exceed top allow
able for this	i depth or be for full 24 hoi	ire)	
Date of Test	Producing Method (Fl	ow, pump, gas lift, etc	:.)
12/9/79	Pumping		
Tubing Pressure	Casing Pressure	Ch	oke Size
N/A	20#		N/A//
Oil-Bbls.	Water - Bbls.	Ga	s-MCF
20	2		
		Post	12 1 BOOK 18P
Length of Test	Bbls. Condensate/MM	CF Gro	avity of Condensate
Length of Test	Bbls. Condensate/MM	CF Gr	<del></del>
	Bbis. Condensate/MM  Casing Pressure (Sh		<del></del>
Length of Test  Tubing Pressure (Shut-in)			avity of Condensate
	Change in Transporter of: Oil Dry Casinghead Gas Con  LEASE Well No. Pool Name, Including 15 East Empire  Feet From The North The North The Sear Company The Company The Company The Company The Complete Company The Casing Company The Complete Company The Casing Company The Complete Complete Company The Complete Complete Company Tubing Formation TUBING, CASING, A CASING & TUBING SIZE  8 5/8" 4 1/2"  TUBING CASING A CASING & TUBING SIZE  8 5/8" 4 1/2"  TUBING CASING A CASING & TUBING SIZE  8 5/8" A 1/2"  TUBING CASING A CASING & TUBING SIZE  8 5/8" A 1/2"  TUBING CASING A CASING & TUBING SIZE  8 5/8" A 1/2"  TUBING CASING A CASING & TUBING SIZE  8 5/8" A 1/2"  TUBING CASING A CASING & TUBING SIZE  8 5/8" A 1/2"  TUBING CASING A CASING & TUBING SIZE  8 5/8" A 1/2"  TUBING CASING A CASING B TUBING SIZE  8 5/8" A 1/2"  TUBING CASING A CASING B TUBING SIZE  8 5/8" A 1/2"  TUBING CASING A CASING B TUBING SIZE  8 5/8" A 1/2"	Change in Transporter of: Oil Dry Gas Castinghead Gas Condensate    Dry Gas Condensate   Condens	Change in Transporter of: Oil Dry Gas Condensate Other (Please explain)  LEASE  Well No. Pool Name, Including Formation 15 East Empire Yates 7-R State, Federal or F  Feet From The North Line and 1650 Feet From The State, Federal or F  Peet From The North Line and 1650 Feet From The Address (Give address to which approved on the Address (Give address to

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.

(Signature)

Secretary

1/10/80

(Title)

(Date)

JAN 11 APPROVED

SUPERVISOR, DISTRICT #

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable 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.