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SANTA FE		1	
FILE		1,	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	,	
OPERATOR		3	
PRORATION OFFICE			

June 24, 1969

(Date)

SANTA FE /	.	REQUEST FOR ALLOWABLE Supersedes Old C-104 and			
FILE	KEQ0E31	AND Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	LGASEGEIVED		
LAND OFFICE			- Rest		
TRANSPORTER OIL			Active of Englishers		
OPERATOR 2			JUM 5 6 1889		
PRORATION OFFICE			فسأ فسأ		
Operator		ARTESIA, OFFICE			
Samedan Oil Corporat	ion				
Address					
2207 Wilco Building,		01			
Reason(s) for filing (Check proper b	Ox) Change in Transporter of:	Other (Please explain)			
New Well Recompletion	Oil X Dry Go				
Change in Ownership	Casinghead Gas Conde	$\overline{}$			
If change of ownership give name and address of previous owner					
and address of previous owner					
II. DESCRIPTION OF WELL AN	D LEASE				
Lease Name		me, Including Formation	Kind of Lease		
Walker State	2 Arte	sia (Q.G.S.A.) State, Federal or Fee State			
Location	222	7/ 50	77		
Unit Letter 0;	330 Feet From The South Lir	ne and 100 Feet Fro	om The <u>Kast</u>		
Line of Section 27	Township 17-S Range	28-E , NMPM,	Eddy County		
Elife of Beetler	1 0	20.15	±144.y		
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA				
Name of Authorized Transporter of	Oil X or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)		
Navajo Refining Comp	any Pife Line Liu.		e, Artesia, New Mexico		
Name of Authorized Transporter of			proved copy of this form is to be sent)		
Phillips Petroleum C		Room B-2 Phillips Bu Is gas actually connected?	Room B-2 Phillips Building, Odessa, Texas Is aga actually connected? When		
If well produces oil or liquids, give location of tanks.					
	0 27 17-S 28-E	Yes	June 1, 1966		
	with that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Comple	\mathbf{x}	x	x		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Re-Spud 4-30-69	6-9-69	20781	Tubing Depth		
Pool	Name of Producing Formation	Top Oil/Gas Pay			
Artesia (Q.G.S.A.)	Premier Sand	Sand 2040 2028 Depth Casing Shoe			
Perforations	2/24 3 6204		2078		
2040' to 2050' one	3/8" hole per foot	D CEMENTING RECORD	2010		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
3"	5-1/2"	2078'	584		
-	2-3/8"	2028			
	FOR ALLOWABLE (Test must be a	after recovery of total volume of load	oil and must be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, ga	s lift. etc.)		
6-9-69	6-16-69	Pump	•		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hours					
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
5	5	0	5.563		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of lest	Bbis. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
resting Method (prost, vaen pri)	rubing ricobare	Cabing 110bbar	Chart Size		
A CERTIFICATE OF COMPLIANCE		OIL CONCED	OIL CONSERVATION CONTRIBUTION		
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.		OIL CONSERVATION COMMISSION			
		APPROVED JUN 2 7 1969 , 19			
		1 (1 Gross X			
		BY SUPPLIED TO A SUPPLIED TO B			
		TITLEOIL AND GAS INSPECTOR			
	>	This form is to be filed in compliance with RULE 1104.			
17.M.(1		If this is a request for a	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
G. W. Putnam (S	ignature)	well, this form must be accor	mpanied by a tabulation of the deviation		
	rision Production Superintendent (Title) tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for a sple on new and recompleted wells.				
	(Title)	All sections of this form	i must be infed out completely for allow- l wells.		

 $\pmb{\text{All}}$ 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.

