| 1. | Reason(s) for filing (Check proper bax) New We!! Recompletion | REQUEST F AUTHORIZATION TO TRAN 유 | | Form C-104 Supersedes Old C-104 and C-110 Effoctive 1-1-65 |
|---|---|--|---|--|
| | Change in Ownership If change of ownership give name and address of previous owner | | | J |
| 11. | DESCRIPTION OF WELL AND L Leave Name State AG Location Unit Letter_J; 165 | Well No. Fool Name, Including Fo 1 Red Lake Queen | Grayburg S.A. State, Federal e and 2310 Feet From Ti | |
| | Line of Section 31 Town | nship 17 South Range 28 | East , NMPM, | Eddy County |
| 111. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil Navajo Refining Compan Name of Authorized Transporter of Day | XX or Condensate HYCEHOR DIL PHECHASING CO | Actess (Gre address to war (MPT) Artesia, New Mexico 882 Actess (Gre address to which approx Amoco Production Compan | |
| | Empire Abo Gasoline Pl If well produces oil or liquids, | Unit Sec. Twp. P.ge. | Hobbs, New Mexico 88240 | |
| | give location of tanks. | J 31 17S 28E | give commingling order number: CT | |
| IV. | IV. COMPLETION DATA OIL Well Gas Well New Well Workover Deepen Plug Back Same Resty, Dif | | | |
| • | Designate Type of Completion Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | Perforations | | | Depth Casing Shoe |
| | · | TUBING, CASING, AND | D CEMENTING RECORD | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must | | | ther recovery of total volume of load oil | and must be equal to or exceed top allou- |
| V | TEST DATA AND REQUEST FOR ALLOWABLE (rest must be uplot for be for full 24 hours) OIL WELL able for this depth or be for full 24 hours) [Date First New Oil Hun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | |
| | | Tubing Pressure | Casing Pressure | Choke Size |
| | Length of Test | Cil-Bbis. | Water - Bbls. | Gas - MCF |
| | Actual Fred, During Test | | | |
| | GAS WELL | | Bbis. Condensate/MMCF | Gravity of Condensate |
| | Actual Prod. Test-MCF/D | Length of Test | Casing Pressure (Shut-in) | Choke Size |
| | Testing Method (pitot, back pr.) | Tublig Pressure (Shut-in) | | |
| 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 | | | OIL CONSERVATION COMMISSION | |
| | | | BY U. a. Aressett | |
| | above is true and complete to the | e best of my knowledge and belief. | TITLE JAL AND GAS INSPECTOR | |
| John Surveys (Signatwe) Ext. five Vice-President (Title) November 14, 1973 (Date) | | | 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 acctions of this form must be filled out completely for allow- able 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 filled for each pool in multiply | |