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			ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	MAR 1 8 1974			
••••				
	10000, Inc. 🗹		ARTESIA. OFFICE	
	Shi Central, Odessa, Reason s) for thing (Creek proper box) New Weil	Texas 79761 Change in Transporter of:	Other (Please explain)	
	Freedom, letton	Oil Dry Gas Casinghead Gas Condens		name from Delhi-State
]	f change of ownership give name Kersey & Company, Artesia, New Mexico			
п.	DESCRIPTION OF WELL AND I		rmation Kind of Leo	
	Lesse Name Northwest Artesia Uni	weil No. Pool Name, Including Fo t 14 Artesia On.	State Fede	
	Location	Feet From The South Line	5	n The East.
	Line of Section 32 Tow	nship 17s Range 2	8е , ммрм,	Eddy County
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Navajo Refining Co. P		Address (Give address to which app Artesia, New Mexic	
	Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
	Phillips Petroleum Co	Mpany Unit Sec. Twp. Rge.	Odessa, Texas	Vhen
	If well produces oil or liquids, give location of tanks.	0 32 17s 28e	No	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oll Well Gas Well New Well Workover Deepen Plug Back Same Res/v. Diff. Res/v.			
	Designate Type of Completio	n = (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spusded	Date Compil Ready to Fred.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · · ·	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able 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.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Cil-Bble.	Water-Bbls.	Gas - MCF
	5 1	L		
	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-ia)	Choke Size
VI.	. CERTIFICATE OF COMPLIAN	CE		VATION COMMISSION
	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.		APPROVED MAR 191974	
	,	D. R. Mason		
•	(Signature) Chief Clerk		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 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	
	(Tiile)			
	3-14-74			
	(Date)			