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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

AUG 20 1965

O. C. C.  
ARTESIA, OFFICE

Operator <b>Castle and Wigzell</b>	
Address <b>P. O. Box 868, Midland, Texas</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **John B. Castle & H. Bruce Wigzell, P. O. Box 868, Midland Texas.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Delhi State "A", Battery # 1</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Empire Abo - Abo</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>D</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>West</b> Line of Section <b>33</b> , Township <b>17</b> Range <b>28</b> , NMPM, <b>Eddy</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Service Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 337, Midland, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>	
If well produces oil or liquids, give location of tanks. Unit <b>D</b> Sec. <b>33</b> Twp. <b>17</b> Rge. <b>28</b>	Is gas actually connected? <b>Yes</b>	When <b>9-17-60</b>

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spud led <b>3-6-60</b>	Date Compl. Ready to Prod. <b>3-28-60</b>		Total Depth <b>6084'</b>		P.B.T.D. <b>6016'</b>			
Pool <b>Empire Abo</b>	Name of Producing Formation <b>Abo</b>		Top Oil/Gas Pay <b>5848'</b>		Tubing Depth <b>5142'</b>			
Perforations <b>5890' - 5930'</b>					Depth Casing Shoe <b>6052'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>11"</b> <b>7 7/8"</b>	CASING & TUBING SIZE <b>8 5/8"</b> <b>4 1/2"</b> <b>2 "</b>		DEPTH SET <b>903'</b> <b>6052'</b> <b>5142'</b>		SACKS CEMENT <b>300</b> <b>950</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

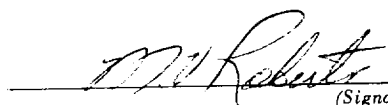
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

  
(Signature)

**Production Superintendent**  
(Title)

**August 11, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 23 1965**, 19

BY **M. L. Armstrong**

TITLE **OIL AND GAS INSPECTOR**

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 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.