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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

I. Operator		SEP 3 1965
Chambers & Kennedy		O. C. C.
Address		ARTESIA, OFFICE
Box 953, Midland, Texas		
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"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Casinghead Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>
		To show casinghead gas transporter.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Delhi-Taylor State	2	Empire Abo	State, Federal or Fee
Location			State
Unit Letter	0	969.24 Feet From The	South Line and
		2274.16 Feet From The	East
Line of Section	34	Township	17
		Range	28
		NMPM,	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Eff. 4/1/70 name change from Service to Amoco Pipeline Co.	3411 Knoxville Avenue Lubbock, Texas 79413	is form is to be sent)
Phillips Petroleum Bldg.	10th Floor Adams Bldg., Bartlesville, Okla.	is form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	34
		Twp.
		17
		Rge.
		28
	Yes	When
		Several years

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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)

Agent
September 13, 1965

(Date)

OIL CONSERVATION COMMISSION

SEP 3 1965

APPROVED _____, 19

BY 

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.