•		
NO. OF COPIES RECE	IVED	م
DISTRIBUTION		
SANTA FE		/
FILE		/-
u.s.g.s.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRORATION OFFICE		
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	GAS HENNIN
LAND OFFICE	AUTHORIZATION TO TRA	AND ON TOTAL MAD THE TOTAL	GAS RECEIVED
TRANSPORTER OIL	<u>/</u>		J UN 1 9 1969
OPERATOR GAS	2		JON 1 7 1969
PRORATION OFFICE			- 0. c. c.
DEPCO, Inc.			ARTESIA, OFFICE
Address	an May 26 79760		
800 Central, Odes Reason(s) for filing (Check proper		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil X Dry Ga	□	
Chunge in Ownership	Casinghead Gas Conder	nsate	•
If change of ownership give nan and address of previous owner_	ne		
DESCRIPTION OF WELL A	ND LEASE		
Lease Name	Lease No. Well No. Foot No.	me, Including Formation	Kind of Lease A State, Federal or Fee State
Artesia Unit	647 15 Art	esia Queen Grayburg S	A State
Location Unit Letter H	1980 Feet From The North Lir	ne and 990 Feet From	The East
Line of Section 35	Township 17 Range	28 , nmpm,	Eddy County
		. ~	
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	Address (Give address to which appr	roved copy of this form is to be sent)
Navaio Refining C	ompany, Pipe Line Divisi	on Artesia, New Mex	ico
Name of Authorized Transporter of	f Casinghead Gas X or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
Phillips Petroleu	m Corporation	Odessa, Texas Is gas actually connected?	Vhen
If well produces oil or liquids,	Unit Sec. Twp. Rge.		
give location of tanks.	N 26 17 28	Yes	
If this production is commingle	d with that from any other lease or pool,	give comminging order number.	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Designate Type of Comp		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, e	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	· · · · · · · · · · · · · · · · · · ·		
. TEST DATA AND REQUES	T FOR ALLOWARLE (Test must be	after recovery of total volume of load of	oil and must be equal to or exceed top all
OIL WELL	able for this a	lepth or be for full 24 hours)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)
I and the form	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gan-MCF
GAS WELL	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of lest		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPI	YANCE	OIL CONSER	VATION COMMISSION
i. CERTIFICATE OF COMP	MANOE	\mathcal{J}	UH 24 1969 19
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	, 19
Company of the compan	lied with and that the information gives to the best of my knowledge and belief		Neimix -
HOONE IR TIME BUG COMPIETE			QIL GAB SAS INSO CTOR
~/		TITLE	
X	/	This form is to be filed	in compliance with RULE 1104.
(XIII hosto	(Signature)	I to the form much be accor	lowable for a newly drilled or deepe npanied by a tabulation of the devia
Chief I	roduction Clerk	tests taken on the well in ac	must be filled out completely for all
1	(Title)	able on new and recompleted	wells.
June 20		Eill aut only Sections T	., II, III, and VI for changes of own

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 filed for each pool in multiply completed wells.