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FILE			ŧ:	
U.S.G.S.			L_	
LAND OFFICE			<u> </u>	
TRANSPORTER	OIL			
	GAS			
OPERATOR				

7/// (Title)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE	$\dashv$	AND	
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  RECEIVED		
TRANSPORTER OIL GAS			
OPERATOR			
PRORATION OFFICE Operator			1975
David C. Colli	er		
Address		O. C. ARTESIA, C	-
P. O. Box 79E, Reason(s) for filing (Check proper b	Artesia, Nm 88216	Other (Please explain)	377102
New Well	Change in Transporter of:		
Recompletion	Oil Dry Ga Casinghead Gas Conder	<b>=</b> 1	
Change in Ownership 💢	Casinghead Gas Conden	isde	
If change of ownership give name and address of previous owner	Doyle Fernington, ar	tesia. Min B8210	
DESCRIPTION OF WELL AN	D LEASE   Well No.   Pool Name, Including F	ormation Kind of Leas	Lease No.
Davis Federal	6 High Lanesom	State Federa	of Fee Federal 068677
Location	*		
Unit Letter C'; 66	Peet From The N Lin	ne and 1980 Feet From	The
	Township 165 Range 2	9E , NMPM, Eddy	County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which appro	
	il Purchasing Co. Casinghead Gas or Dry Gas	Drawer 175, Artesia Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of	Submigned Gas S. 7 345		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? WI	hen
If this production is commingled	with that from any other lease or pool,	give commingling order number:	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'
Designate Type of Comple			
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
	TURING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oi lepth or be for full 24 hours)	il and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date / Mac New Oil 114			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF
GAS WELL			I Complete of Comp
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-in)	Choke Size
I. CERTIFICATE OF COMPLI	ANCE		ATION COMMISSION
		APPROVED JUL 14 19	375 
O base been complis	and regulations of the Oil Conservation ed with and that the information giver	APPROVED 2	Gress 1x
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		NOTIFICATION	
,		TITLE SUPERVISOR, D	DISTRICT II
1 AR 1/2	II. No.	This form is to be filed in	n compliance with RULE 1104.
U C JUL	1/1/04	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	owable for a newly drilled or deeper panied by a tabulation of the deviat
(Signature)_		tests taken on the well in acc	cordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 filed for each pool in multiply completed wells.

## RECEIVED

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STATE AND THE