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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	X
PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-100
Superseding Old O-101 and O-102
Effective 1-1-65

RECEIVED

JUN 24 1980

Address Talmadge Oil Co. Star Route West Box 41 Artesia, New Mexico 88210
O. C. D.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Change of ownership effective 6/1/80

If change of ownership give name and address of previous owner The Dow Company P.O. Box 885, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

Lease Name <u>S. W. Henshaw Premier Unit</u>	Well No. <u>6</u>	Pool Name, Including Formation <u>West Henshaw Grayburg</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>NM 0560379</u>
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>16S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <u>WIW</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Full Re.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of land 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 <u>Posted 10 3</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF <u>0 30 80</u> <u>0 3 0 P</u>

GAS WELL

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

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 here is true and complete to the best of my knowledge and belief.

Nancy Ling
(Signature)
Clerk
(Title)
June 20, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 30 1980, 19
BY M. Williams
TITLE OIL AND GAS INSPECTOR

This form is to be filled 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 available tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells, on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of name, well name or number, or transporter, or other such change of conditions.