

DISTRIBUTION	
SALE PRICE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	X
PRODUCTION OFFICE	
Operator	

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

Form O-104
Supersedes OIL C-101 and C-
Effective 1-1-65

RECEIVED

JUN 24 1980

O. C. D.
ARTESIA, OFFICE

Address	
Talmadge Oil Co.	
Star Route West Box 41 Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	
New Well	Change in Transporter of:
Recompletion	Oil
Change in Ownership	Casinghead Gas
	Dry 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
S.W. Henshaw Premier Unit	9	West Henshaw Grayburg	State, Federal or Fee	NM 05603
Location				
Unit Letter	F	1980 Feet From The North Line and	1980 Feet From The West	
Line of Section	17	Township	16S	Range
			30E	NMPM, Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co., Pipeline Division		North Freeman, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.		4th & Washington, Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	F	17
		16S
		30E
Is gas actually connected?	When	
Yes	7-60	

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	Some Restr.	Perf. Bl.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DE, 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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

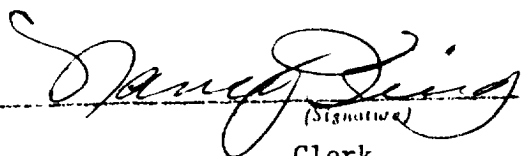
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, 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 above is true and complete to the best of my knowledge and belief.


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

OIL CONSERVATION COMMISSION
JUN 30 1980

APPROVED _____, 19
BY Mike Williams

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 pressure tests taken on the well in accordance with RULE 1104.
All portions 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 well name or number, or transporter, or other such change of conditions.