•,			-`								
	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104							
-	SANTA FE	REQUEST F	FOR ALLOWABLE	R Supersedes Old C-104 and C-110							
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 RELICTIVE 1-1-65 GAS							
- 	LAND OFFICE		\mathcal{A}	OCT ,							
	TRANSPORTER GAS :		·P	OCT 1 1 1965							
	OPERATOR			ARTER C. C							
I.	PRORATION OFFICE			ARTESIA, OFFICE							
	Tenneco Oil Company			-							
ŀ	Adrireon										
	P.O. Box 1031, Midla Reason(s) for filing (Check proper box)	nd, Texas	Other (Please explain)								
	New Well Change in Transporter of: Change name of lease from										
	Hecompletion Oil Dry Gas Federal Hagerty NM 0610 Chample in Complexity Casinghead Gas Condensate Effective 10-1-65										
Ĺ	Change in Ownership X										
J	If change of ownership give name and address of previous owner	eonard Oil Company, 10th	1 Floor Security Life	Bldg.,Roswell, New Mexico							
	DECODINGTION OF WELL AND L	FASE									
II. [DESCRIPTION OF WELL AND I Lease Name	Well No. Pool Nan	ne, Including Formation	Kind of Lease State, Federal or Fee Federal							
	Hagerty Federal	5. Hensh	aw Grayburg West	Sidle, rederation of Federal							
	Location P 660	Feet From The south Line	e and 660 Feet Fro	om The east							
	Unit Letter;	_									
	Line of Section 18 , Tow	nship 168 Range	<u>30E</u> , NMPM, B	ldy County							
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S								
	Name of Authorized Transporter of Oil	🙀 or Condensate 🔄	Address (Give daaress to which up	proved copy of this form is to be sent;							
	Continental Pipe Lin Name of Authorized Transporter of Cas	e Company inghead Gas 🛣 or Dry Gas 🗍	220 Carper Building Address (Give address to which ap	proved copy of this form is to be sent,							
	Skelly Oil Company		P.O. Box 1650 Tulsa	Oklahoma							
1	If well produces oil or liquids,	Unit Sec. Twp. Rge. 0 18 165 30E	Is gas actually connected? YES	7-1960							
	give location of tanks. If this production is commingled wit		······································								
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Pluc Back Same Res'v. Diff. Res'v.							
	Designate Type of Completio										
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
	Pool	Name of Froducing . ofmation									
	Perforations			Depth Casing Shoe							
	TUBING, CASING, AND CEMENTING RECORD										
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
			J								
V.	TEST DATA AND REQUEST FO	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou able for this depth or be for full 24 hours)									
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)							
		Tubing Pressure	Casing Pressure	Chcke Size							
	Length of Test			· · · · · · · · · · · · · · · · · · ·							
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF							
	<u> </u>	· 	<u></u>								
	GAS WELL			Gravity of Condensate							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Guilty of Condensate							
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size							
				RVATION COMMISS.ON							
¥1.	. CERTIFICATE OF COMPLIANCE		OIL CONSEP	1965							
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19								
	Commission have been complied V	with and that the information given best of my knowledge and belief.	IVIT / LAN	lroug							
		/	TITLE								
	$\Lambda D $		This form is to be filed	in compliance with RULE 1104.							
	XXLegut	R. L. Leggett	If this is a request for a	illowable for a newly drilled or deepened mpanied by a tabulation of the deviation							
				and the set of the							
		ature)	tests taken on the well in a	coordance with RULE 111.							
	District Office Superv.		tests taken on the well in a All sections of this form able on new and recomplete	coordance with RULE 111. a must be filled out completely for allow-							

÷	well name or number,	or tran	sporte	er, or	· other	su	ch cha	use o	d Ci	ondition.
	Separate Forms									
÷	completed wells.									