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M.S.G.S.	
CARD OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	✓
PRODUCTION OFFICE	
operator	

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

Form C-101
Supersedes Old C-101 and C-111
Effective 1-1-65

RECEIVED

JUN 24 1980

O. C. D.

ARTESIA, OFFICE

Talmadge Oil Co. ✓

Address

Star Route West Box 41 Artesia, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☒

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

Change of ownership effective 6-1-80

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.
W. Henshaw Premier Unit	14	West Henshaw Grayburg	State, Federal or Fee Federal	NM 0610
Location				

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East

Line of Section 18 Township 16S Range 30E , NMPM, Eddy County

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)
<u>WIW</u>	
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

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	Source Res.	Full. Reviv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Devations (DF, RKB, RT, GR, 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

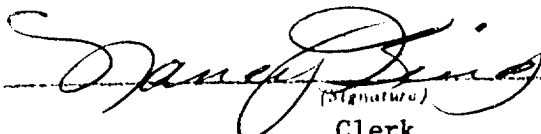
Tested
10-36-30-80
2150 CF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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 deviate tests taken on the well in accordance with RULE 111.

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 ownership, well name or number, or transporter, or other such change of conditions.