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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

JAN -2'90

P.O. Box 2088 Santa Fe. New Mexico, 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0 550				icxico 6/3			O. C. D.			
I.	REQ	UEST F	OR A	LLOWA	BLE AND	AUTHOR	IZATION	ARTESIA, OFFI	î.		
Operator		IO IR	ANSP	OH I OI	L AND NA	TURAL G		150 51			
Walsh and Watts, Inc.						Well API No. N.A.					
Address											
1111 Seventh Street,		a Falls	s, Te	xas 76	301						
Reason(s) for Filing (Check proper box)				Oth	ет (Please exp	lain)				
New Well Recompletion	0.1	Change in									
Change in Operator	Oil Casinghe	ad Gas X	Dry G								
If change of operator give name	Casingha	o Cas A	Conde	are []					<u> </u>		
and address of previous operator											
II. DESCRIPTION OF WELI Lease Name North Square											
Lease Name North Square Lake Premier Unit		Well No. Pool Name, Included 12 Square La						of Lease	Federal or time NM 0162		
Location		12	1 3qu	are La	CE (G/SA	North	-	Teneral Di Bec	NM U	162	
Unit Letter R-L18	. 198	30	Foot Fr	rom The	South Lin	e and	0 -		East		
6	160	-						et From The _		Line	
Section 6 Towns	hip 16S		Range		31E , N	мрм , Edd	У			County	
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casi											
Phillips 66 Natural	Gas	Address (Give address to which approved copy of this form is to be sent) Gas Purchasing, Bartlesville, Ok 74004									
If well produces oil or liquids,				Rge.							
give location of tanks.	W	6 16S 31E			Yes			12-24-89			
If this production is commingled with the IV. COMPLETION DATA	t from any oth	er lease or	pool, giv	e commingl	ing order numb	per:					
Designate Type of Completion		Oil Well	i	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. 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			
TIRRIC CACINO AND					CENTENED RECORD						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET	<u>D</u>	SACKS CEMENT			
				DEI MIGEL			OAGRO GEMENT				
	<u> </u>										
											
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE								
				oil and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 how	rs.)	
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	mai - p				0 : 1			15			
cugui or lea	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of 7	est			Bbls. Condens	21eAAACE		Coming of Co			
					Dois. Condens	are ratific L		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE			·	I			
I hereby certify that the rules and regulations of the Oil Conservation					0	IL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved JAN 1 0 1990						
and well and					Date	Approved	d t	JAN 1 U	1990		
lupe	13	Du	en.	\sim	_	_					
Signature					By ORIGINAL SIGNED BY						
Alfred B. Guinn, Vice-President Printed Name Title					MIKE WILLIAMS Title SUPERVISOR, DISTRICT IP						
12/28/89 723-2104					Title_		O: 12(1410)	UN, DISTRI	CITY		
Date		Telep	hone No).		· ·		e este a la companya de la companya			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.