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NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	F
SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1
FILE /	RECE; REQUEST	AND	Effective 1-1-65
u.s.g.s.	—	AND	0.10
LAND OFFICE		ANSPORT OIL AND NATURAL	GAS
OIL /	— MAR 1 0 1366	^	
I RANSPORTER		\mathcal{V}	
GAS		1	
OPERATOR 2	ASTRUCIA, SECONDO		_
PRORATION OFFICE		NMOCC Order No. R-3	016, dated 12-14-65
Operator			
	(Western Division)		**************************************
Address	,		
P.O. Box 1509, Mid	land, Texas 79701		
Reason(s) for filing (Check proper		Other (Please explain) Ch	ange Lease Name & Well Note to North Square Lake
New Well	Change in Transporter of:	Promise Hole #20	to North Square Lake
Recompletion	Oil Dry G	Additional Casin	effective March 1, 1966 ghead Gas Transporter
Change in Ownership	Casinghead Gas Conde	change of tank b	attery location
If change of ownership give name and address of previous owner DESCRIPTION OF WELL AN	Tenneco Gil Company, P.	.0. Box 1031, Midland, T	exas 79701
Lease Name		ame, Including Formation	Kind of Lease
North Square Lake	Premier Unit 20 No.	rth Square Lake CB/SA	State, Federal or Fee Fee
Location			1 20
R R	660 Feet From The north Li	ne and 1980 Feet From	The same
Unit Letter;	reet from the notth	ne and 1980 Feet From	The east
Line of Section 8	Township 16S Range	31E , NMPM,	
Eme of Section 8	Tomonip 105 Hange	318	Eddy County
Maine of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	AS Address (Give address to which appro	and convert this form is to be cont.
t and the second		Haddess (Give address to which appre	nen copy by this form is to be sent)
Continental Pipe L	ine Company		,
Name of Authorized Transporter of	Casinghead Gas 🛖 or Dry Gas 🦳	P.O. Box 410, Artesia	New Mexico 88210 oved copy of this form is to be sent)
Name of Authorized Transporter of Phillips Petroleum	Casinghead Gas or Dry Gas Company	P.O. Box 410, Artesia Nairess (Give address to which appro Room B2, Phillips Bui	New Mexico 88210 oved copy of this form is to be sent) lding, Odessa, Texas
Name of Authorized Transporter of	Casinghead Gas or Dry Gas Campany	P.O. Box 410, Artesia	New Mexico 88210 oved copy of this form is to be sent) lding, Odessa, Texas
Phillips Petroleum Skelly 0:1 Company	Casinghead Gas or Dry Gas Company Unit Sec. Twp. Rge.	P.O. Box 410, Artesia Nairess (Give address to which appro Room B2, Phillips Bui	New Mexico 88210 oved copy of this form is to be sent) lding, Odessa, Texas an New Mexico 88231
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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)

(Date)

Tubing Pressure

Original	Signed. By
K. N. i	Aurone

K. W. Legrone

Casing Pressure

Division Production Superintendent

March 8, 1966

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

MAR 1 0 1966

Choke Size

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.