| NO. CO COMPED RECOVER 6 | | - | | |
|--|--|--|---|--|
| SANTA FE | | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND | | |
| 0.3.6.5. LAND OTFICE | AUTHORIZATION TO T | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | |
| TRANSPORTER | · | | RECEIVED | |
| GAS 1 OPTRATOR | | | DEC 2 1 1966 | |
| Meltil Oil Corporatio | | | n. s. s. | |
| | | | ARTEMIA。这下回的第 | |
| Box 633, Midland, To Resson(s) for Ding (Check prope thew Well Recompletion Caoling in Ownership X | r bax) Char.ge in Transporter of: Oti Dry | due to Unitizati | Name Change & Well No. Ion. Jake Lawless Lawless-Gulf ₄ Federal FE | |
| If change of ownership give nat and address of previous owner | | | | |
| II. DESCRIPTION OF WELL A | ND LEASE | | | |
| Cene Nume Northeast Square Lake Promier Location | Well No. Pool Name, Includin Scuare Lake | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | tse <u> <u> <u> </u> <u> </u></u></u> | |
| Unit LotterFi | 1650 Feet From The North | Line and 2310 Feet From | n The West | |
| Line of Section 9 | Tewnship 16-S Range | 31-Е , _{ММРМ} , Н | Eddy County | |
| | PORTER OF OIL AND NATURAL | GAS | | |
| Continental Pipe Lir | | Box 410, Artesia, N. N | roved copy of this form is to be sent) 1. | |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company | | Address (Give address to which approved copy of this form is to be sent) Box 2130, Hobbs, N. M. | | |
| It well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | Vhen | |
| tive location of tanks. | d with that from any other lease or po | | 1962 | |
| IV. <u>COMPLETION DATA</u> | Oil Well Gas Wel | · · · · · · · · · · · · · · · · · · · | Plug Back Same Res'v. Diff. Res'v. | |
| Designate Type of Comp | 1 | | P.B.T.D. | |
| Cate Spudded | Date Compl. Ready to Prod. | Totai Depth | P.D.1.D. | |
| Elevations (DF, RKB, RT, GR, e | tc.; Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| Perforations | , _k_,,, _,, _ | | Depth Casing Shoe | |
| | TUBING, CASING, | AND CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | |
| | | | | |
| V. TEST DATA AND REQUES OIL WELL | TFOR ALLOWABLE (Test must l able for thi | s depth or be for full 24 hours) | oil and must be equal to or exceed top allow- | |
| Date First New Oil Stun To Tank | s Date of Test | Producing Method (Flow, pump, gas | lifi, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| Actual Prod. During Teat | Oil-Bbis. | Water-Bbls. | Gas - MCF | |
| Í | | | | |
| GAS WELL ANNUAL TO TOST-MORAD | Longth of Tost | Bbls. Condensate/MMCF | Gravity of Condensate | |
| Tasting Mathod (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressuro (Shut-in) | Choke Size | |
| | | | | |
| VI. CERTIFICATE OF COMPI | MANCE | OIL CONSER | VATION COMMISSION | |
| C maindler have been compl | and regulations of the Oil Conservat. ied with and that the information giv the bost of my knowledge and beli | ion Arriver Linking | issett | |
| A. C. Curre | | This form is to be filed in If this is a request for all | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form much be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | |
| Mithorized Agent | (Title) | All acctions of this form able on new and recompleted | must be filled out completely for allow- wells. | |
| December 19, 1966 | (Date) | Fill out only Sections I well name or number, or transp | , II, III, and VI for changes of owner, norten or other such change of condition, nust be filed for each pool in multiply | |

Separate Forms completed wells.