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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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DEC 21 1966

I. OPERATOR Standard Oil Corporation ✓		O. O. C. ARTESIA, OFFICE	
Address P. O. Box 632, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change Name & Well No. due to unitization. Standard Oil Company of Texas Federal 14- Well #1	
Recompletion <input type="checkbox"/>			
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Well No. 12		Pool Name, including Formation Square Lake North Grayburg S.A., North		Kind of Lease XXX, Federal XXXX		Lease No. 04421	
Location Unit Letter A, 660 Feet From The North Line and 660 Feet From The East West		Line of Section 9		Township 16-S		Range 31-E		NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Continental Pipe Line Company					Box 410, Artesia, N. M.	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company					Box 2130, Hobbs, N. M.	
If well produces oil or liquids, give location of tanks.					Unit A	Sec. 9
					Twp. 16-S	Rge. 31-E
					Is gas actually connected? Yes	
					When 9-1-61	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Designate Type of Completion - (X)		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.													
Elevations (DF, RKB, RT, CR, 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													

V. 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 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	

GAS WELL		Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, 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.

*J. A. Payne*  
(Signature)  
December 19, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED *W. A. Gressett*, 19  
BY *W. A. Gressett*  
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 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 only Sections I, II, III, and VI 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.