NO. OF COPIES RECEIVED 5						
DISTRIBUTION	N	IEW MEXICO OIL	CONSERVATION COM	MISSION	Form C-104	
SANTA FE /	1	REQUES	T FOR ALLOWABLE		Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	+	7 4 7 10 11 70 70	AND RANSPORT OIL AND	NATUDAL CAS		
LAND OFFICE	AUTHORI	ZATION TO TE	RANSPORT OIL AND	NATURAL GAS		
TRANSPORTER OIL /			P	REC	ĒÌVĒĎ	
OPERATOR / PROPATION OFFICE	-		`			
Operator				HUN	2 8 1966	
Mil Operators Address					C. C.	
Box 953, Midland, T	lexas			ARTESI	A DEFICE	
Reason(s) for filing (Check prope	r box)		Other (Pleas	e explain)		
New Well		ransporter of:				
Recompletion Change in Ownership	Oil Casinghead (Gas Cons	Gas Lansate D			
If change of ownership give na	me DOS Oil Pro		e., Box 953, Mid	land, Texas		
and address of previous owner DESCRIPTION OF WELL A		, , , , , , , , , , , , , , , , , , , ,				
Lease Name Tidewater-State	NO DELICE	1	Name, Including Formation Quare Lake		d of Lease te, Federal or Fee State	
Location						
Unit Letter;	660 Feet From T	The Couth [_ine and	Feet From The _	•	
Line of Section	, Township 163	Range	31E , NMP	M, Edd	County	
DECIGNATION OF TRANSI	CONTEN OF OU AL	ND MATERIDAE A	740			
Name of Authorized Transporter of Continental Oil Com	of Oil or Cond	lensate	Address (Give address	to which approved co	opy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company			Address Give address			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connec			
give location of tanks.	ØI 32	i			June 1962	
If this production is commingle COMPLETION DATA	ed with that from any o	other lease or poo	ol, give commingling ord	er number:		
Designate Type of Comp	oletion - (X)	Well Gas Well	New Well Workover	Deepen Plu	ag Back Same Res'v. Diff. Res'v	
Date Spudded		dy to Prod	Total Depth		3.T.D.	
Date Spudded	Date Compi. Red	Date Compl. Ready to Prod.				
Feel	Name of Producir	Name of Producing Formation		Tu!	bing Depth	
				De	pth Casing Shoe	
Perforations				De	pth Cusing Shoe	
	TU	BING, CASING, A	ND CEMENTING RECO	RD		
HOLE SIZE	CASING &	TUBING SIZE	DEPTH :	SET	SACKS CEMENT	
						
TEST DATA AND REQUES	ST FOR ALLOWABI	LE (Test must be	e after recovery of total vo depth or be for full 24 hou		nust be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tank	s Date of Test	able for this	Producing Method (Fle		c.)	
Length of Test	Tubing Pressure	Tubing Pressure		Ch	oke Size	
Actual Prod. During Test	Cil-Bbls.	Cil-Bbls.		Ga	s-MCF	
Actual Float Burning Feet						
GAS WELL Actual Prod. Test-MCF/D	I snoth of Tout	Length of Test		CF Gro	avity of Condensate	
Actual Flod, Test-Wolf/B	Echiqui of Tobi	Longin of 1001				
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure		Ch	oke Size	
GEDTINICATE OF COVE	HANCE			CONSERVATIO	ON COMMISSION	
. CERTIFICATE OF COMPI	LIANCE				AN COMMUNICATION	
I hereby certify that the rules	and regulations of the	e Oil Conservatio	n APPROVED	_ /	, 19	
Commission have been complied with and that the information g above is true and complete to the best of my knowledge and be			$A = \{ (X, Y, Y,$			
	<i>j</i>	<u> </u>		\forall		
	/	,		TITLE OIL AND GAS INSPECTOR		

Agent

June 21, 1966

(Title)

(Date)

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 allow able 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.