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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HOURS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 22 1 49 PM '68

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

I.

Operator		MURPHY H. BAXTER	
Address		814 BANK OF THE SOUTHWEST, MIDLAND, TEXAS 79701	
Reason(s) for filing (check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
If change of ownership give name and address of previous owner		HMH OPERATORS, BOX 953, MIDLAND, TEXAS 79701	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
TIDEWATER-STATE	2	SQUARE LAKE	State, Federal or Fee
Location			STATE
Unit Letter	0	660 Feet From The	SOUTH Line and
		1980 Feet From The	EAST
Line of Section	32	Township	16S
		Range	31E
		NMPM,	Eddy
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
CONTINENTAL PIPELINE COMPANY	N. FREEMAN AVE. ARTESIA, NEW MEXICO		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
PHILLIPS PETROLEUM COMPANY	BOX 6666, ODESSA, TEXAS		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	I	32	16
			31
Is gas actually connected?	When		
YES	6/62		

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.					
Pool	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 OIL WELL

(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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

W. H. Sumner
(Signature)
PETROLEUM ENGINEER
(Title)
MAY 20, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY W. A. Gressett
TITLE SEALING SUPERVISOR

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 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.