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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

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

RECEIVED

AUG 27 1965

O. C. C.
ARTESIA, OFFICE

Operator		GEORGE A. CHASE	
Address		P. O. BOX 637, ARTESIA, NEW MEXICO - 88210	
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 type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
		TO REPORT TRANSPORTERS	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	KENNEDY FEDERAL	Well No.	1	Pool Name, including Formation	SQUARE LAKE	Kind of Lease	State, Federal or Fee	FEDERAL	
Location									
Unit Letter	C		660	Feet From The	NORTH	Line and	1980	Feet From The	WEST
Line of Section	34			Township	16S	Range	31E	NMSP,	EDDY
									County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	XX	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
CONTINENTAL PIPE LINE COMPANY		P. O. Box 410, ARTESIA, NEW MEXICO				
Name of Authorized Transporter of Casinghead Gas	XX	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
PHILLIPS PETROLEUM COMPANY		BARTLETTSVILLE, OKLAHOMA				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	34	16S	31E	YES	6-19-44

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)

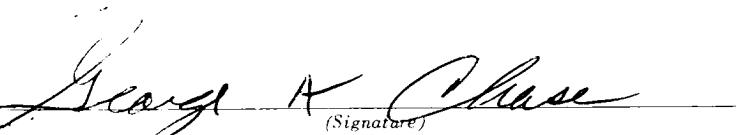
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

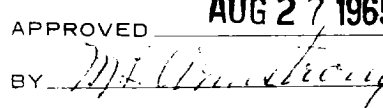
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.


(Signature)
Owner
(Title)
August 26, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 27 1965, 19
BY 
TITLE **COAL 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 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