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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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MAY 19 1965

I. COMPANY		O. C. C.
Mercury Production Company ✓		ARTESIA, OFFICE
Address		
1522 Fort Worth National Bank Building, Fort Worth, Texas 76102		
Reasons for filing (Check proper box)		
New Well	Change in Transporter of:	Other (Please explain)
Improvement	Oil	Change of operator effective
Change in Ownership	Casinghead Gas	April 1, 1965
	Dry Gas	
	Condensate	

If change of ownership give name and address of previous owner Previous operator - Frank Darden and Associates, Fort Worth, Texas

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Johnson	15	Square Lake (Grayburg-San Andres)	Federal
Location			
Unit Letter	J	2310 Feet From The	South Line and 1650 Feet From The East
Line of Section	33	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	Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Co.	Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	H	33
	Twp.	16S
	Rge.	31E
is gas actually connected?	Yes	When
		8-11-60

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.S.T.D.					
Foot	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.

C. W. Stumhoffer

Manager of Operations

May 4, 1965

OIL CONSERVATION COMMISSION

APPROVED

MAY 19 1965

BY

M. L. Armstrong

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Supersedes Form C-104; must be filed for each pool in multiple completed copies.