

ALL INFORMATION RECEIVED 7
DISTRIBUTION
DATE 1
FILE 1-
SUBS.
LAND OFFICE
TRANSPORTER OIL 1
GAS 1
OPERATOR 3
PRODUCTION OFFICE

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

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

RECEIVED

MAR 22 1965

Frank Dardon and Associates

O. C. C.
ARTESIA, OFFICE

1222 Fort Worth National Bank Building, Fort Worth, Texas 76102

Reason for filing (check proper box)

Other (Please explain)

Change in Transporter of Oil ☐ Change in Transporter of Gas ☐ Change of operator effective January 1, 1965
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If change of ownership give name and address of previous owner: Previous operator - Newmont Oil Company, Artesia, New Mexico

II. IDENTIFICATION OF WELL AND LEASE

Owner	Well No.	Well Name, including Section	Kind of Lease
Johnson	3	Square Lake (Grayburg-San Andres)	State, Federal or Free Federal
Year Drilled	1980	Feet From The North Line and 1980	Feet From The West
Section	33	Township 16S	Range 31E
County	Eddy		

III. IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Co.	Bartlesville, Oklahoma				
Unit	Sec.	Twp.	Range	Is gas actually commingled?	When
F	33	16S	31E	Yes	8-11-60

If gas 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 Depth	Dist. Reperf.
Date Compl. Ready to Prod.			Total Depth			P.B. T.D.		
Name of Producing Formation			Top Oil/Gas Pay			Taking Depth		
Depth During Spill						Depth During Spill		

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

Oil Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Production During Test	Oil-Gals.	Water-Gals.	Gas-MCF
Gas Well	Length of Test	Flow, Condensate/MCF	Gravity of Condensate
Tubing Pressure (initial, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED

APR 1 1965

BY

OIL AND GAS INSPECTOR

TITLE

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.

March 18, 1965

C. W. Stumppfer (Signature)

Manager of Operations

(Title)