NO. OF COPIES RECI	6		
DISTRIBUTIO	DN NC	-	
SANTA FE		/	
FILE		1-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
IRANSPORTER	GAS	1	
OPERATOR		2	
PRORATION OF	ICE		
Operator			
Cast	:le é	and	M
Address			
P. 0). Bo	XC	85
Reason(s) for filing	(Check	proper	· bo:
New Well			
Recompletion			
Change in Ownershi	X		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE	/-	!		AND			2.1351.175 .	1 00	
U.S.G.S.		AUTHOR	IZATION TO TRA	NSPORT	OIL AND NA	TURAL GA	4\$		
LAND OFFICE	+,+-	-							
TRANSPORTER GAS	//	+			\mathcal{C}		- co = 1 \/ C	ת -	
OPERATOR	9				1	R	ECEIVE	- 1	
PRORATION OFFICE	~	<u> </u>							
perator		V					AUG 2 0 196	5	
Castle ddress	and Wi	gzell					O. C. C.		
P. O. E	30x 868	, Midla	ınd, Texas				RTESIA, OFFIC	E	
eason(s) for filing (Check)		1	Other (Please e	xplain)			
Vew Well			ransporter of:						
Recompletion		Oil	Gas Conder	= 1					
Change in Ownership		Casinghead	Gds Conde	Isdie					
change of ownership g		John B. C	astle and H	I. Brac	e Wicze	ll. Box	868. Midl	land. Tex	
nd address of previous	owner	001111							
ESCRIPTION OF WE	LL AND	LEASE	Well No. Pool Na	us Ingludin	a Formation		Kind of Lease		
_ease Na: 1e		_	q				State, Federal or F	ee 31-1-1	
N. G. Phillir)s - St	ate	Ar Ar	tesia	(Q.G.S.	R.J		State	
Unit Letter H	, 2263	Best From	The North Lir	ne and	560	Feet From T	. East		
Onit Letter	/	- reder rom				,			
Line of Section	7 , Tov	wnship 17 S	Range	28 E	, NMPM,		Eddy	Count	
				. ~					
ESIGNATION OF TR Name of Authorized Trans	CANSPOR'	TER OF OIL A	ND NATURAL GA	Address (Give address to	which approve	ed copy of this form	is to be sent)	
Continental B				Box 41	lO. Arte	sia. Ne	w Mexico		
Name of Authorized Trans	porter of Ca	singhead Gas 🔀	or Dry Gas	Address ((Give address to	which approve	ed copy of this form	is to be sent)	
Phillips Petr	coleum	Co.			esville,				
f well produces oil or liqu		Unit Sec.	Twp. Rge.	i	ually connected	? When			
rive locat on of tanks.		J 27	17s 28E	3	(es		<u>5-3-63</u>		
this production is com	mingled wi	th that from any	other lease or pool,	give comm	ingling order r	number:	PC-156		
COMPLETION DATA		1011	Well Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Re	
Designate Type of	Completion	on — (X)	₹ :		i			!	
Date Spud led		Date Compl. Red		Total Dep	th	· · · · · · · · · · · · · · · · · · ·	P.B.T.D.		
		2-6-6			61941		2032		
Pool		Name of Product	-	Top Oil/G			Tubing Depth		
Artesia Perforations		Gray	ourg	<u> </u>	1960'		Depth Casing Shoe	3	
1960' - 19'	721								
2700 - 27	<u> </u>	TU	BING, CASING, AN	D CEMENT	ING RECORD				
HOLE SIZE			TUBING SIZE		DEPTH SET		SACKS	CEMENT	
11"		8	5/8"	963•		American			
7 7/1	8"	4	1/2"	ļ	2045		75		
		2	17		1960				
						4			
TEST DATA AND RE OIL WELL	QUEST F	OR ALLOWAB	LE (Test must be a able for this d	ifter recover; epth or be fo	y of total volum r full 24 hours)	e of load oil a	nd must be equal to	o or exceed top a	
Date First New Oil Run T	o Tanks	Date of Test		Producing	Method (Flow,	pump, gas lift	, etc.)		
Length of Test		Tubing Pressure	•	Casing Pr	essure		Choke Size		
						e			
Actual Prod, During Test		Oil-Bbls.		Water - Bb	18.		Gas-MCF		
		1				· · · · · · · · · · · · · · · · · · ·			
GAS WELL									
Actual Prod. Test-MCF/	D	Length of Test		Bbls. Cor	densate/MMCF		Gravity of Conden	sate	
Testing Method (pitot, ba	ck pr.)	Tubing Pressure	•	Casing Pr	essure		Choke Size		
				ļ					
CERTIFICATE OF C	OMPLIAN	CE					TION COMMIS	SION	
				₩		AUG 23	1965	10	
hereby certify that the	rules and	regulations of th	ne Oil Conservation	APPRO	OVED	>	/	, 19	
Commission have been bove is true and comp	complied plete to th	with and that the e best of my kn	ne information given lowledge and belief.	BY	111 L U	russ	rong		
·		-		#	كام مور	B 842 /NZP	92788 /		
	.0			TITLE					
Production Superintendent				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate					
			11 tlaw 11						
			tests taken on the well in accordance with RULE 111.						
		سمسد 12 سيسي استواهيسون	-		All sections of this form must be filled out completely for all				

(Title)

(Date)

August 11, 1965

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.