DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-165 E D
LAND OFFICE TRANSPORTER OIL /	AUTHORIZATION TO TRA	C NATURAL C	MAY 1 9 1965
OPERATOR 2		,	o, c, c.
I. PRORATION OFFICE Operator			ARTESIA, OFFICE
Mercury Production Com		Tours 76102	
Reason(s) for filing (Check proper box	al Bank Building, Fort Wo	Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil		tor effective
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner	Previous operator - Frank	Control of the con	Fort Worth, Texas
II. DESCRIPTION OF WELL AND	LEASE		Kind of Lease Fodoral
Leuse Name Johnson		me, Including Formation (Grayburg- re Lake San Andres)	State, Federal or Fee
Location	80 Feet From The North Lin	e and 660 Feet From	The East
		544	
Line of Section 33 , To	wnship I6S Range	3]E , NMPM, Edd	y County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	
Continental Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas A		Artesia, New Mexico Address (Give address to which appro	ved copy of this form is to be sent)
Phillips Petroleum Co.	singhedd Gds 🔼 0. Dif Gds	Bartlesville, Oklahom	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		en
give location of tanks.	H 33 16S 31E		8-11-60
If this production is commingled with IV. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Completi		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 AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	l and must be equal to or exceed top allow
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	
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
Actual Prod. 1est-Me17B			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIA	NCE	11	9 1965
		MAIL	/ 130° 10
C '' base boon complied	d regulations of the Oil Conservation with and that the information given the best of my knowledge and belief.	mean	

C. W. Ster

Manager of Operations

(Signature)

(Title)

(Date)

C. W. Stumhoffer

May 4, 1965

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.

Section 5 for COOL must be filled for each peed in multiple completed wells.