			_	
NO. OF COPIES RECEIVED			6	
DISTRIBUTION				
SANTA FE				
FILE		1		
U.S.G.S.				
LAND OFFICE		L		
TRANSPORTER	OIL	1		
	GAS	/	_	
OPERATOR		2		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE	KEQUEST I	AND	Effective 1-1-65		
FILE /	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
LAND OFFICE	AUTHORIZATION TO THE				
TRANSPORTER OIL /		RECEIVED			
OPERATOR 2	-				
BROBATION OFFICE					
Operator	eSy Cil Co., Inc. /		5 € 14		
Address	7		O. C. C.		
Box 3	151 Artesia, N.M.		ARTESIA, OFFICE		
Reason(s) for filing (Check proper box		Other (Please explain)			
New Well	Change in Transporter of: Oil Dry Ga	s			
Recompletion Change in Ownership	Casinghead Gas Conder	一一			
If change of ownership give name and address of previous owner					
A DECORPORION OF WELL AND	IFASE				
II. DESCRIPTION OF WELL AND Lease Name	fi Well No. Poor Name, Including F	a	· . · _		
Rowley Federa	2 Square Laho (hrzybung S.A. State, Feder	d or Fee Feg. 10 060543		
Location L 16.5	U Feet From The South Lir	ne and 990 Feet From	The West		
Unit Letter 1	Feet From The Control Lin	ne and reet rion			
Line of Section 20 To	ownship 16S Range 31	LE , NMPM, Edi	County		
	AMERICAN AND NATURAL CA	16			
II. DESIGNATION OF TRANSPOR	or Condensate	Address (Otto dadress to mitter -FF	oved copy of this form is to be sent)		
Navaic Rollining Co.,	File Line Division	No. Freeman Artes	roved copy of this form is to be sent)		
Name of Authorized Transporter of Co	asinghead Gas Day Gas		Address (Give address to which approved copy of this form is to be sent) Radioeville Okla. Edine Ligar		
Phillips letraleum C	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen		
If well produces oil or liquids, give location of tanks.	K 20 16 31	្លែន	1964		
	with that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Designate Type of Complet					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Pointation				
Perforations			Depth Casing Shoe		
	TUDING CASING AN	D CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				
	TOD AT LOWART E (Total must be	ofter recovery of total volume of load of	oil and must be equal to or exceed top allo		
V. TEST DATA AND REQUEST OIL WELL	able for this c	lepth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tifi, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Length of lest			Ggs - MCF		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds-MCF		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Inding Pressure (Since-In)				
VI. CERTIFICATE OF COMPLIA	ANCE	OIL CONSER	VATION COMMISSION		
		ADDOUGE			
I hereby certify that the rules ar	nd regulations of the Oil Conservation	APPROVED	· · · · · · · · · · · · · · · · · · ·		
	d with and that the information give the best of my knowledge and belief				
		TITLE	2007 10 10 10 10 10 10 10 10 10 10 10 10 10		
	/	This form is to be filed	in compliance with RULE 1104.		
1 (3)	to have been	11			
(\$	ignature)	well, this form must be accome tests taken on the well in accome.	cordance with RULE 111.		
	/	II * *-			

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI 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 olered wells.