NO. OF COPIES RECEIVED				
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SANTA FE	7			
FILE	/-			
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR		2		
PRORATION OFFICE		/		

May 24, 1965

(Date)

SANTA FE /	NE	W MEXICO OIL O REQUEST	Form C-104 Supersedes Old C-104 and C-1.			
FILE /-			Effective 1-1-65			
U.S.G.S.	AUTHORIZ	ATION TO TRA	_ GAS			
LAND OFFICE						
TRANSPORTER OIL						
OPERATOR 2			RECEIVED			
I. PRORATION OFFICE /						
Operator	hnston, Sr. V			MAY 2 4 1965		
Address	-					
	eum Bldg Rosi	well, New Ma		O. C. C.		
Reason(s) for filing (Check proper	•		Other (Please explain)			
INC. W.C.I.	Change in Trar Oil		7.0			
Recompletion Change in Ownership	Casinghead Ga	Dry Gonde				
Olidinge in Ownership	Casinghead Ga	- Conde	nisute			
If change of ownership give name and address of previous owner						
-						
Lease Name	SCRIPTION OF WELL AND LEASE ase Name Well No. Pool Name, including Formation			Kind of Lease		
Five-J	Five-J 3 Artesia-Grayb		sia-Grayburg Jackson	State, Federal or Fee State		
Location						
Unit Letter;;	330 Feet From The	e South Li	ne and 1650 Feet Fro	om The East		
Line of Section 25 ,	170	_	200			
Line of Section 23	Township 178	Range	28E , NMPM,	Eddy County		
III. DESIGNATION OF TRANSPO	ORTER OF OIL ANI	D NATURAL GA	AS			
Name of Authorized Transporter of				proved copy of this form is to be sent)		
The Permian Corpor	ation		Box 4157 - Midland,	Texas		
Name of Authorized Transporter of	Casinghead Gas	er Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)		
If well produces oil or liquids,	Unit Sec.	Twp. Rge.		When		
give location of tanks.	0 25	175 28E	No			
If this production is commingled	with that from any oth	ner lease or pool,	give commingling order number:			
IV. COMPLETION DATA	Oil We	ell Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Compl	etion = (X)	x :	X			
Date Spudded	Date Compl. Ready		Total Depth	P.B.T.D.		
4-15-65	5-22-6	65	2467'			
Poglandis Grayburg	Name of Producing	Fermation	Top Oil/Gas Pay	Tubing Depth		
Artesia Jackson	Premier		2408	2461		
Perforations 2408' to 2416' - 16	shots (2 shots	s per foot)		Depth Casing Shoe		
	•	_ 	D CEMENTING RECORD			
HOLE SIZE		UBING SIZE	DEPTH SET	SACKS CEMENT		
11"	8 5/8		450	50		
8"	5 1/2	2''	2464	200		
	2"		2461			
V. TEST DATA AND REQUEST	FOR ALLOWABLE	Test must be a	after recovery of total volume of load o	oil and must be equal to or exceed top allow		
OIL WELL		able for this de	epth or be for full 24 hours)			
Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas	lift, etc.)			
5-22-65 5-21-65 Length of Test Tubing Pressure			Flowing Casing Pressure	Choke Size		
24 Hours			300#	1/8"		
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Gas-MCF		
164	164		-0-	Vented		
· · · · · · · · · · · · · · · · · · ·						
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 COMPLI	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERV	VATION COMMISSION		
		APPROVED, 19				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		71.26()	, 19		
above is true and complete to			BY MIL Cloude	20109		
		TITLE SEE AND SAS INDICATION				
	_			11116		
<i>></i>	2)	J		n compliance with RULE 1104.		
- / ayour	ignature)			lowable for a newly drilled or deepened panied by a tabulation of the deviation		
Accountant	Mayorie Thompson Account ent			cordance with RULE 111.		
(Title)			All sections of this form	must be filled out completely for allow-		

able 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