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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

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

REC

MAR 11

I. Operator **C. C. C. ARTESIA, OFFICE**
International-Yates
Address **P.O. Box 427, Artesia**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) ***Oil to be hauled from test tank to battery (On same basic lease) located in NE/4 Sec.32, T-17-S, R-28-E. SVia company truck.**
If change of ownership give name and address of previous owner **Hondo Oil & Gas Company, P.O. Box 1978, Roswell, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 647	Lease No. 206	Well No. Artesia	Pool Name, including Formation Artesia	Kind of Lease State, Federal or Fee State
Location Unit Letter H ; 330 Feet From The East Line and 2277 Feet From The North Line of Section 31 Township 17-S Range 28-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Continental Pipe Line Co. (*See OTHER above)	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Odessa, Texas	
If well produces oil or liquids, * give location of tanks. See above	Unit H	Sec. 32
	Twp. 17	Rge. 28
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 9-2-65	Date Compl. Ready to Prod. 3-14-66	Total Depth 6200		P.B.T.D. 2003				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Grayburg	Top Oil/Gas Pay 1898		Tubing Depth 1933				
Perforations 1898-1906'					Depth Casing Shoe 2018			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		808'		350 sx (Circ.)			
7 7/8"	4 1/2"		2018' PB 2003		150 sx			
	2 1/8"		1923					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks 3-15-66	Date of Test 3-16-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 14 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size ----
Actual Prod. During Test	Oil-Bbls. 48	Water-Bbls. 68 (Load)	Gas-MCF Not Measured

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 COMPLIANCE

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.

Kenneth Ragdale
(Signature)
District Production Foreman
(Title)
March 17, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 1 1966**, 19
BY **W. A. Gressett**
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 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 completed wells.