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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

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JUL 20 1967

I.

Operator Ryder Scott Management Company		O. C. C. MEDIA, OFFICE	
Address 922 - 8th Street, Wichita Falls, Texas 76301			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Re-entry of plugged well - old Shell Oil Co. Henshaw Deep Unit, Well #15	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Etz Federal "A"	Well No. 1	Pool Name, Including Formation Square Lake, G. S. A.	Kind of Lease Federal	Lease No. LC 063933
Location				
Unit Letter E	1980	Feet From The N	Line and 4620	Feet From The W
Line of Section 25	Township 16S	Range 30E	, 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 Oil Company	Address (Give address to which approved copy of this form is to be sent) Drawer 1267, Ponca City, Okla. 74602			
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) Bartlesville, Oklahoma 74004			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 25	Twp. 16S	Rge. 30E
Is gas actually connected?		When Now being connected		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded re-entry 3-12-67 See old Shell report	Date Compl. Ready to Prod. 7-15-67	Total Depth 8925		P.B.T.D. 3216				
Elevations (DF, RKB, RT, GR, etc.) 3847 KB	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 2965		Tubing Depth 3156			
Perforations 2965 - 78' 3008 - 18' 3156 - 70'					Depth Casing Shoe 3216			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	8-5/8" 11 3/4"		3698 512		500			
11"	5-1/2" 8 3/8"		3216 3093		770			
7 7/8"	5 1/2" 2-3/8" liner		3156 3046-3216		65			
	2 3/8"		3156					

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 7-16-67	Date of Test 7-17-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 30#	Casing Pressure 30#	Choke Size -
Actual Prod. During Test 6 barrels	Oil - Bbls. 6	Water - Bbls. Trace	Gas - MCF 30

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Joann S. Halvey
Agent
7/19/67
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 24 1967**, 19
BY **W. A. Gressett**
TITLE **Assistant Secretary**

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.