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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

RECEIVED

MAY 15 1966

I. Operator **O. C. C.**
ARTESIA, OFFICE

International-Yates

Address
P. O. Box 427, Artesia, New Mexico

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 647	Lease No. 208	Well No. Artesia	Pool Name, including Formation State	Kind of Lease State, Federal or Fee State
Location Unit Letter L ; 2310 Feet From The South Line and 660 Feet From The West Line of Section 32 Township 17 Range 28 , 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.	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 Co.	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.	Unit H	Sec. 32	Twp. 17	Rge. 28
				Is gas actually connected? No

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 4-27-66	Date Compl. Ready to Prod.		Total Depth 1980		P.B.T.D. 1980			
Elevations (DF, RKB, RT, GR, etc.) 3687 (RT)	Name of Producing Formation Grayburg		Top Oil/Gas Pay 1898		Tubing Depth 1874			
Perforations 1898 to 1901, 1919 to 1921 and 1927 to 1929					Depth Casing Shoe 1980			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8		489		100			
7 7/8	4 1/2		1980		175			

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 5-15-66	Date of Test 5-16-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ----	Casing Pressure ----	Choke Size 2 1/2"
Actual Prod. During Test 47	Oil-Bbls. 47	Water-Bbls. 0	Gas-MCF -----

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 R. Ragdale
(Signature)
District Production Foreman
(Title)
May 16, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 16 1966**, 19
BY **M. C. Armstrong**
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.