NO. OF COPIES RECE	5		
DISTRIBUTIO		<u> </u>	
SANTA FE	/		
FILE	/		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	1	
OPERATOR	1		
PRORATION OF			
Operator			/
R. D. Co	1114	er	
P. O. Bo	× 79	8	Az
Reason(s) for filing	(Check	prope	r box
New Well			

	SANTA FE /	NEW MEXICO OIL CONSE				SERVATION COMMISSION Form C-104 R ALLOWABLE Supersedes Old C-104 as		
ļ	FILE /	-	KEG	(UESI 1	-OR ALLOWAD AND		Effective 1-1-65	
	U.S.G.S.	AUTHORI	ZATION T	O TRA	NSPORT OIL A	ND NATURAL (GAS	
	LAND OFFICE	+						
	TRANSPORTER GAS							
	OPERATOR /							
I.	PRORATION OFFICE Operator						A STATE OF THE STA	
	R. D. Collier						e Since expension	
	Address P. O. Box 798	Artesia, Ne	w Marie	8	8210		* 1 0 1700	
	Reason(s) for filing (Check prope		W LIGHT			Please explain)		
	New Well	Change in Tr	ansporter of:		Office 12	tease explains	·	
	Recompletion.	Cil		Dry Ga	5			
	Change in Ownership	Casinghead (Gas	Conden	sate			
	If change of ownership give na							
	and address of previous owner							
II.	DESCRIPTION OF WELL A	AND LEASE						
	Lease Name Fidiral	MM-2932 No.	T No.	Squa Squa	ne, Including Forma	ation	Kind of Lease State, Federal or Fee	
	Location							
	Unit Letter M	560 Feet From T	he Sout	hLin	e and330	Feet From	The	
	26	168		30	E	Edd	l y	
	Line of Section	Township	Ro	inge	· <u>-</u>	NMPM,	County	
III.	DESIGNATION OF TRANS	PORTER OF OIL A	ND NATUE	RAL GA	S			
	Name of Authorized Transporter	of Oil or Cond	ensate 🗀		1		oved copy of this form is to be sent)	
	Continental Pi		or Dry Gas	_	nothern Address (Give ad	dress to which apple	oved copy of this form is to be sent)	
	Phillips Petro		ci Diy Gds		·	•	sa, Lexas 79760	
	If well produces oil or liquids,	Linit Sec.	T16	P 3 0	Is gas actually co	onnected? WI	hen described	
	give location of tanks.	m 26	10		RO			
	If this production is commingl	ed with that from any o	ther lease	or pool,	give commingling	g order number:		
IV.	COMPLETION DATA	Oil		s Well	New Well Work	cover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Com-		X		X	: 		
	Date Spudded Date Compl. Ready to Prod. 3-9-68		Total Depth 3200		9.B.T.D. 3186			
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Grayburg		Top O:1/Gas Pαy 2951		Tubing Depth 2940			
	Perforations	2002.08		2/	114-10		Depth Casing Shoe 3186	
	2951-55 2992-98 3014-19 3186 TUBING, CASING, AND CEMENTING RECORD					3100		
	HOLE SIZE		TUBING S			TH SET	SACKS CEMENT	
	HOLE SIZE				585		50	
	7.7/8				3190		50	
		2 3/8 1	ubeng		294	<u>.</u>		
₩.7	TEST DATA AND REQUE	ST FOR ALLOWARI	F /Tant	must he a	fter recovery of tot	al volume of load of	l and must be equal to or exceed top allow-	
٧.	OIL WELL	II. WELL able for this depth						
	Date First New Oil Run To Tan. 3-9-68	Date First New Oil Run To Tanks Date of Test			Producing Method (Flow, pump, gas lift, etc.) Pumping			
	Length of Test	Tubing Pressure			Casing Pressure		Choke Size	
	24 hrs	-0-	-0-		200 ps		Pumping	
	Actual Prod. During Test 75	Oil-Bbls. 75			Water-Bbls.		Hot measured	
					<u> </u>			
	GAS WELL				- ₊ · · · · · · · · · · · · · · · · · · ·			
	Actual Prod. Test-MCF/D	Length of Test			Bbls. Condensate	e/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.,) Tubing Pressure			Casing Pressure		Choke Size	
	. cotting injection (paroti ouen pri	, aming 1 tous at a						
VI.	. CERTIFICATE OF COMP	LIANCE				OIL CONSERV	ATION COMMISSION	
						-		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED	100	, 19		
	Commission have been compabove is true and complete	to the best of my kno	wledge and	d belief.	BY	J. a. Bree	self	
					TITLE	المُقْلِدُ وَمَنَ لَاسْتِ لِلْهِ	PESTOR	
	1	\mathcal{M}^{\prime}				m is to be filed in	compliance with RULE 1104.	
	(Signature) (CUTLLY (Title)			If this is	a request for all	nwable for a newly drilled or deepened		
				Il 11 Abia for	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 allow-				
				able on new	and recompleted	wells.		
	2/15/	(Date)			Fill out well name or	number, or transport	II. III, and VI for changes of owner, orter, or other such change of condition.	
			Well name of number, of transporter, to filed for each pool in multiply					

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.