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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

## SAND - .

U.\$.G.S.				AUTHORIZATION TO TRAN	SPORT GILL AND E	ADURAL GA	<b>IS</b>		
LAND OFFICE		1							
TRANSPORTER -	GAS	1	<del> </del>	FEB 2 8 1973					
OPERATOR		1							
PRORATION OFFIC	CE				O.C.C. ARTESIA, OFFICE				
Operator Vates Pe	etro	nl e	eiim	Corporation -	ARIESIA, UFFICE				
Address									
207 Sout	th 4	4th	S		88210				
Reason(s) for filing (Ci	heck p	rope	r box)	Change in Transporter of:	Other (Please		nginghoad Ga	) C	
New Well Recompletion	=			Oil Dry Gas	To Train	nsport Ca	asinghead Ga	15	
Change in Ownership				Casinghead Gas Condens	ate				
If change of ownershi and address of previo	ons ow	ner.				·			
DESCRIPTION OF	wei	T A	ND:	LFASE					
Lease Name	WEL	<i>.</i> 1L /1	IND.	Well No. Pool Name, including For		Kind of Lease	5	Lease No.	
Jackson E	sta	te	BY	5 Eagle Cree	k S.A.	State, Federal	or Fee Fee	_	
Location / J		-	21	O Feet From The North Line	330	Feet From Ti	East	t	
Unit Letter / H		_ ; <u></u>	231	Feet From The Line	and				
Line of Section	2	1	Tov	wnship 17S Range 25	E , NMPN	, Edd	У	County	
					•				
DESIGNATION OF Name of Authorized Tr	TRA	INSI	POR'	TER OF OIL AND NATURAL GAS	Address (Give address	to which approve	ed copy of this form is	to be sent)	
Scurlock	oil	C	cmc	any	1216 Vaughn BldgMidland, TX 79701				
Name of Authorized Tr	ranspo	rter	of Ca	singhead Gas 🔀 or Dry Gas 🗔	Address (Give address to which approved capy of this form is to be sent)				
patien	Pul	ريار	- <u> </u>	TTUG CON SOLV	Is gas actually connec			<del></del>	
If well produces oil or give location of tanks	r liquid	is,		Unit   Sec.   Twp.   Fige.	Yes		2-28-73		
1		:1	- 4	th that from any other lease or pool, g		er number:			
If this production is COMPLETION DA		ingie	ea wi				Plug Back   Same Re	es'v. Diff. Res'v.	
Designate Type		Comi	- oleti	on - (X)	New Well Workover	Deepen	Find Back Same Ito	1	
Date Spudded				Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<del></del>	
Date Shinger									
Elevations (DF, RKB,	Elevations (DF, RKB, RT, GR, etc.)		tc.j	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
							Depth Casing Shoe		
Perforations				. <u></u>					
				TUBING, CASING, AND			CACKS SE		
HOLES	SIZE			CASING & TUBING SIZE	DEPTH :	ET	SACKS CE	,MEN I	
							<u> </u>		
. TEST DATA AND	REG	UE	ST F	FOR ALLOWABLE (Test must be af	ter recovery of total vo oth or be for full 24 hou	lume of load oil ( rs)	and must be equal to or	exceed top allow	
OIL WELL Date First New Oil R	lun To	Tan	k s	Date of Test	Producing Method (Flo		i, etc.)		
	Date / Not Item out that						Choke Size		
Length of Test				Tubing Pressure	Casing Pressure		Choke Size	•	
Actual Prod. During	T			Oil-Bbis.	Water - Bbls.		Gas-MCF	····	
Actual Prod. During	1 451			<b>9 2</b> -10.					
GAS WELL					Bbis. Condensate/MM	CF	Gravity of Condensa		
Actual Prod. Test-MCF/D			Length of Test	BDIS. Condendato Minor					
Testing Method (pito	t, bac	k pr.	<del>)</del>	Tubing Pressure (Shut-in)	Casing Pressure (Sh	rt-in)	Choke Size		
I. CERTIFICATE O	F CC	MP	LIA	NCE	OIL		TION COMMISSI	ON	
					APPROVED	AR 9 197		., 19	
	L = = =			regulations of the Oil Conservation with and that the information given	7.1	a. In	esset		
above is true and	comp	lete	to th	he best of my knowledge and belief.					
_		,		<i>i</i>	TITLE OIL AN	D GAS INSPEC	TOR		
$C_{LL}$	-			1. 1.1	This form is	to be filed in	compliance with RU	LE 1104.	
- Coloh	<u> </u>	M	۸	Maryell	11 11 ALIA FARA -	and has necessaria	wable for a newly drainied by a tabulation	I OT (UP GOATSON	
rddio	P.A	Ivi -	(Sia	nature) //	tests taken on th	e well in acco	rdance with RULE	111.	

(Signature) Lngineer

Eddie M. Mahfood -

(Date)

(Title) 2-9-73

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.