DISTRIBUTION SANTA FE FILE

NEW MEXICO OIL CONSERVATION COMM. REQUEST FOR ALLOWABLE

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

 	FILE	1,54020	AND	Effective 1-1-65	
	U.S.G.S.	AIRLEDG AEIDH VOET	ENSPORT OIL AND NATURAL	CAS	
	LAND OFFICE	AUTHORIZATION TO TR	CANSI ORT OIL AND NATURAL (GAS	
	CRANCEOUTED OIL	JAN 2 19 73			
	TRANSPORTER GAS /	37/10/2 19/3			
	OPERATOR '				
ı.	PRORATION OFFICE	O. C. C.			
	Operator Arroad Itd.				
	Arwood Ltd. —				
	P.O. Box 8, Loco Hills, New Mexico 88255				
	Penson(s) for filing (Check proper box)				
	New Well	Change in Transporter of:	Reconnect to pi	pe line	
	Recompletion	Oil Dry	Gas for gas sales.		
	Change in Ownership	Casinghead Gas Cond	densate		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Fool Name, Including			
	Loe Rederat 10 Square bake-San Andres state				
	Location	a Wantah	ine and 330° Feet From	West	
	Unit Letter M : 1790	Feet From The North	_ine and Feet From	The West	
	Line of Section 30 Tow	mship 16S Range	31E , NMPM, Edd	y County	
	Line of Section 30				
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Navajo Refining Comp	any / -	Address (Give address to which appro	and conv of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas 🐧 or Dry Gas 📑				
	Phillips Petroleum C	Unit Sec. Twp. Age.	Is gas actually connected? Wh	ten / X / X / X / X / X / X / X / X / X /	
	If well produces oil or liquids, give location of tanks.	K 30 16 31E		Oct. 16, 1972	
F % /	If this production is commingled wit COMPLETION DATA	h that from any other lease or poo	or, give comminging order number.		
3 V .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	109 (511) 643 / 47	,	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1		to the second second second second second	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)				
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water-Bbis.	Ggs - MCF	
	Actual Prod. During Test	Oil-Bbls.	Adiet - Bhie.		
	CAS 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		II	ATION COMMISSION	
	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.		JAN 3 1973		
			on	APPROVED A Gressett	
			BY W. C. ENESSEE		
			TITLE VILLAND GAS INSPECTOR		
			TITLE This form is to be filed in compliance with RULE 1104.		
	$\mathcal{A}\mathcal{H}\mathcal{H}$		se it to be a compact for all	owable for a newly drilled or deepened	
	15h loone (Signature)		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.		
	(Signature) Supt.		tests taken on the well in acc	ordance with RULE !!!.	
	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	7 3 1072			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.	
	(Date)		well name or number, or transpo	orter, or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Date)