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DISTRIBUTION	
ANTA FE	
ILE	1
IS.O.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
ND  
AUTOMATICALLY PRINTED FOR OIL AND NATURAL GAS

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

RECEIVED

JUN 19 1974

Operator John R. Gray		O. C. C. ARTESIA OFFICE	
Address P. O. Box 1046		Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)			
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Other (Please explain) 1000 bbls testing allowable	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 2	Pool Name, Including Formation E. Empire Yates SR	Kind of Lease State, Federal or Free B 4575	Lease No.
Location Unit Letter P ; 990 Feet From The South Line and 330 Feet From The East Line of Section 28 Township 17S Range 28E , NMPM, Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175 Artesia, N. M.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	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 (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.

  
John R. Gray (Signature) Owner

6/19/74

(Date)

OIL CONSERVATION COMMISSION

JUN 19 1974

APPROVED

BY

OIL AND GAS INSPECTOR

TITLE

This form is to be filed in compliance with Rule 10.1.

If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of all tests taken on the well in accordance with Rule 10.1.

All sections of this form must be filled out in accordance with the instructions on new and recompleted wells.

Fill out only Sections I, II, III, and IV for a well with name or number, or transporter, or other identification. Separate Forms C-104 must be filed for each well.