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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

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FEB 21 1977

Operator		George A. Chase	
Address		Box 637, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)		ARTESIA, OFFICE	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	JEFFERS	Well No.	2	Pool Name, including Formation	Square Lake GB, SA	Kind of Lease	Federal	Lease No.	0149953
Location						State, Federal or Fee New Mexico			
Unit Letter	N	990	Feet From The	South	Line and	1650	Feet From The	West	
Line of Section	27	Township	16 South	Range	31 East	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"/>	Navajo Refining Company Pipeline Div.			Address (Give address to which approved copy of this form is to be sent)		P. O. Box 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum Company			Address (Give address to which approved copy of this form is to be sent)		4th & Washington, Odessa, Texas 79761	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	N	27	16S	31E	Will be connected	Week ending 2-25-77	

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'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-4-77	2-9-77		3780		3754'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4045' GR	Grayburg San Andres		3532'		3550'			
Perforations	3532' - 34', 60-70', 79', 82-86', 92-96', 3702-4', 12-16', 20-27', 30-32'				Depth Casing Shoe			
				3774'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8"		40'		2 yards concrete			
12 1/4"	8 5/8"		400'		150 sacks			
7 7/8"	5 1/2"		3774'		125 sacks			
	2 3/8"		3550'					

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.)	
2-9-77	2-11-77	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
46 Barrels	36	10	36

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.

Charles W. Hicks
(Signature)

AGENT

(Title)

February 18, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 21 1977, 19
BY W. A. Gressett
SUPERVISOR, DISTRICT II
TITLE

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.