SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	1	
TRANSPORTER GAS		
OPERATOR	1	
PRORATION OFFICE		

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-
Effective 1-1-65

RECEIVED
JUN 29 1979
OIL CONSERVATION DIVISION
ARTESIA, OFFICE

Operator
H & H Enterprises

Address
P. O. Box 437 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
9-1-79 Rule 306
64-2-337

If change of ownership give name and address of previous owner to show Connected Pool Name.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool, including Formation	Kind of Lease	Lease No.
Atlantic State	12	South Red Lake 7 Rivers	State, Federal or Fee State	E-9359

Location
Unit Letter O : 990 Feet From The South Line and 1650 Feet From The East

Line of Section 16 Township 17S Range ~~27E~~ 28E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Navajo Crude Oil Purchasing

Address (Give address to which approved copy of this form is to be sent)
First National Bank Bldg. Artesia

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]

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
	O	16	17S	28E		

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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-3-79	5-20-79	785'	
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3587	7 Rivers	716	748.10'
Perforations			**Depth Casing Shoe**
10 Holes .43	716' to 778'		785'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10	7" 23#	785'	300 SX
7"	2 3/8"	748.10'	

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.)
5-20-79	6-20-79	Pump
Length of Test	**Tubing Pressure**	**Casing Pressure** / **Choke Size**
48 hours		-------
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.** / **Gas-MCF**
16 Bbls 0	8 Bbls. per 24 hr.	None / None

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.

(Signature)

(Title)

6-27-79
(Date)

OIL CONSERVATION COMMISSION

JUL 6 1979

APPROVED _____, 19 _____

BY _____

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 operator, well name or number, or transporter, or other such change of condition.