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OPERATOR		✓
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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 1-1-85  
RECEIVED  
JUL 19 1984  
O. C. D.  
ARTESIA, OFFICE

I. Operator  
H & S Oil Company  
Address  
First National Bank Bldg., Suite 303 - Artesia, NM 88210  
Reason(s) for filing (Check proper box)  
New Well ☒ ~~Recompletion~~ **ADD** Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

If change of ownership give name and address of previous owner A.Nelson Muncy - P. O. Box 1037 - Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Muncy Federal Well No. 1 Pool Name, Including Formation Red Lake Q.G.SA. Kind of Lease State, Federal or Fee Federal Lease No. NM-02931  
Location  
Unit Letter F 2310 Feet From The North Line and 2310 Feet From The West  
Line of Section 13 Township 17 S Range 27 E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) P.O.Drawer 159-Artesia, NM 88210  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla.  
If well produces oil or liquids, give location of tanks. Unit F Sec. 13 Twp. 17S Rge. 27E Is gas actually connected? Yes When 7/3/84

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
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

VI. 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.)  
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

VII. 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.  
Partner  
7/18/84

OIL CONSERVATION COMMISSION  
APPROVED JUL 20 1984  
BY Original Signed By Leslie A. Clements  
TITLE Supervisor District II  
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.