ſ	NO. OF COPIES RECEIVED			·
Ī	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHOR ZATION TO TRA	NSPORT OIL AND NATURA	AL GAS
	LAND OFFICE	RECEIVE	<i>.</i>	
	TRANSPORTER OIL	NOV 28	1984	
	GAS	1 10 10 20	1004	
	OPERATOR	0. c. l	D.	
ı.	PRORATION OFFICE Operator	ARTESIA, O		
	H & S 0il Company			
	Suite 303, First Natl. Bank Bldg Artesia, NM 88210			
	Reason(s) for filing (Check proper box)  Other (Please explain)			
	New We!l XX Change in Transporter of:			
	Recompletion	Oil Dry Ga	s	
	Change in Ownership	Casinghead Gas Conden	<b>=</b>	
	change in ownership			
	If change of ownership give name			
	and address of previous owner			
TT	DESCRIPTION OF WELL AND	LEASE		
11.	Lease Name	Well No. Pool Name, Including Fo		1 - 1
	Amoco	1 Red Lake (Q.GE	State, F	ederal or Fee Federal NM-41656
	Location	T Rea Lane (4.05		
	f —	BO Feet From The South Lin	e and 660 Face 5	Trom The West
	Unit Letter ; 190	reet From The Court Lin	e unu reet r	tom the
	Line of Section 13 To	wnship 17 South Range	27 East , NMPM,	Eddy County
	Line of Section 13	whishp I/ boden reads	27 2000	
ш	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Oli	y or Condensαte	Address (Give address to which of	approved copy of this form is to be sent)
	   Navajo Refining Co.		P.O. Drawer 175 - A	rtesia, NM 88210
	Name of Authorized Transporter of Ca	singhead Gas 👿 or Dry Gas 🗀	Address (Give address to which	approved copy of this form is to be sent)
	Phillips Petroleum Co.	<del>==</del>	Bartlesville, Oklah	oma 74004
		Unit Sec. Twp. Rge.	Is gas actually connected?	When
	If well produces oil or liquids, give location of tanks.	L 13 17 27	Yes	11/28/84
	L	<u> </u>		<u> </u>
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic	on $-(X)$	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	1		2355'	2060'
	2/1/84 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				1611'
	3518.3 GR Perforations	Grayburg Premier	1434	Depth Casing Shoe
	1641-46, 1681-89, 1434	4-1502		
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	279'	215 sacks-circulated
	10 3/4" 7 7/8"	8 5/8" 5 1/2"	2355'	200 sacks 50/50 pos 415
	7 7/0	3 1/2	2323	sacks class c-
				circulated
			6	d oil and must be equal to or exceed top allow-
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of loa epth or be for full 24 hours)	a oil and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
	Date First New Cil Run 10 I dine	4/16/84	Flow	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs.	30#	100#	3/4"
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	Actual Prod. During 1650	1	2	130
	l		<u> </u>	1
	CACWETT			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	ACTUAL FIOR 1 461-MOF/D			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Freebade (Sinc-2m)		
		<u> </u>	011 00115	TOWN COMMISSION
VI.	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)		OIL CONSE	RVATION COMMISSION
			APPROVED, 19	
			il	
			BY	
			11	
			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 allow-	
	Partner (Title)		All sections of this for able on new and recomplet	rm must be mised out completely for allow- ed wells.
	11/28/84 (Date)		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.	