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	DISTRIBUTION 51		DINSERVATION COMMIS.JN	Form C-104 Supersedes Old C-104 and C-130 Etfoctive 1-1-65
	FILE / V.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (
	TRANSPORTER OIL / GAS / OPERATOR	RECEIVED		
I.	PRORATION OFFICE	Ĺ	DEC 1 0 1976	
	David C. Collier			
	P.O. Box 798, Artes Reason(s) for filing (Check proper box)		AR OFFICE Other (Please explain)	
	New Well Accompletion	Change in Transporter of: 01: Dry Gas	, _	
	Change in Ownership	Castrigheod Gas Conden		
	If change of ownership give name and address of previous owner]	HC Production Company, P	.O. Drawer II, Artesia,	<u>NM 88210</u>
I .	DESCRIPTION OF WELL AND I Lease Name	Forl Name, Icoluding F:	State Federa	Les Des
	Gulf State	2 Square Lake G	SA	StateB11662-0
		0Deet From The NorthUtu		
			9E , NMPM, Eddy	County
1.	Name of Authorized Transporter of Off		Address (Give address to which appro	
	Texas-New Mexico Pipe L Name of Authorized Transporter of Cas Phillips Petroleum Comp	singhead Gas X or Dry Gas	P.O.Box 1510, Midland Audress (Give address to which appro	TX ved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. wp. Pge. A 2 17S 29E	Yes Yes	en
v.	If this production is commingied wit COMPLETION DATA	th that from any other lease or pool,		
•••	Designate Type of Completic	1	Tiew Well Workover Deepen	Plug Pack 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 Cil/ Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
			1	
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 allow- able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pump, gas l	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oli-Bbia.	Nater-Bole.	Gas-MCF
	GAS WELL		_	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Freesure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
71.	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		OIL CONSERV	ATION COMMISSION
			APPROVED DEC 131976	
	above is true and complete to the	e beat of my knowledge and belief.	BY TITLE <u>STIPERVISOR</u> , DISTRICT. II This form is to be filed in compliance with BULE 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	
	Geral	Q.G. Million		
	(Signature) Agent		tests taken on the well in according to the sections of this form m	ordence with RULE 111. ust be filled out completely for allow-
	ti December 10,	tle) , 1976	able on new and recompleted w Fill out only Sections I, well name or number, or transpo	relis. II, III, and VI for changes of owner, rter, or other such change of condition.
			Separate Forms C-104 mu	at be filed for each pool in multiply