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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-101 and C-1
Effective 1-1-65

RECEIVED

SEP 17 1979

HOMER J. KYLE

O. C. C.
ARTESIA, OFFICE

Address
BOX 387, LOVINGTON, N. MEX. 88260

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter oil	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name STATE B	Well No. 1	Pool Name, including Formation SQUARE LAKE GSA	Kind of Lease STATE	Lease No.
Location				
Unit Letter K	: 1980	Feet From The South	Line and 1980	Feet From The SW West
Line of Section 2	Township 17S	Range 29E	N.M.P.M.	EDDY

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ NAVAJO CRUDE OIL PURCHASING CO.	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, N. M. 88210	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ CONOCO	Address (Give address to which approved copy of this form is to be sent) Ponca City, O.K. 74601	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2
	Twp. 17S	Rge. 29E
	Is gas actually connected?	When
	YES	1975

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest. P.H. H.
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		Taking Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of land 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.)	
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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

OPERATOR

9/12/1979

OIL CONSERVATION COMMISSION

APPROVED SEP 18 1979

BY W. A. Gussert

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 drilled tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of name, well name or number, or transporter, or other change of condition.