			_
NO. OF COPIES REC	4		
DISTRIBUTIO			
SANTA FE			
FILE		~	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
IRANSFORIER	GAS	1	
OPERATOR	1		
	Τ' - '		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 RE Cappedes Old C-104 and C-110

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	OIL	\mathcal{I}							OCI 1 5 196	59
OPERATOR	G AS	1		D. C. C. ARTESIA, OFFICE					1 -	
PRORATION OFFI	CE									/ %
Operator	** ** ****	LF .	OBETI	n 3/						
Addrose			SPEI		N - 36	1 - 0000				
D	rawe:	r 4	O, A1	rtesia,	New Mex	3.60 8821	.0			9
Reason(s) for filing (C	heck p	roper	box)				Other (Please	e explain)		
New Well				Change ir	n Transporte	r of:				
Recompletion				Oil		Dry Ga	s 🔲			
Change in Ownership	X			Casinghe	ad Gas	Conden	sate 🔲			
If change of ownershi and address of previo			ne	Conti	nental	011 Co.,	, Hobbs, New Me:	xico		
DESCRIPTION OF	WEL	L A	ND LE	EASE Well No.	Pool Name	, Including Fo	ormation	Kind of Lease	•	Lease No.
Cave	Pool	Un	it	17	Cav	e Graybi	ırg	State, Federa	lor Fee State	B 11662
Location					L		·			1
/ I			2310	Feet Fro	m The Sou	ith in	e and 660	Feet From 7	Last	
Unit Letter		<i>'</i> —			im The				. ne	
Line of Section	4		Towns	175		Range 2	9Ú B , NMPM	Eddy		County
Eline of Decitor.								<u></u>		- County
DESIGNATION OF	TRA	NSP	ORTE	R OF OIL	AND NAT	TURAL GA	s			
Name of Authorized Tr					ondensate [Address (Give address			to be sent)
				Co, Pipe	Line I	Div	N. Freeman,	Artesia,N	ew Mexico	
Name of Authorized Tr						Gas 🗀	Address (Give address	to which approx	ed copy of this form is	to be sent)
Ph411	ine	Pat	rol e	um Corp			Odessa,	Texas		
If well produces oil or	-			Jnit Sec	. Twp.	Rge.	Is gas actually connect		en at /A	
give location of tanks.		•,	į	J !	5 1	7 29	Jes	1	" N/A /2 - /	
f this production is a		a or 1 e o	d with	that from an	v other lea		give commingling order	r number:	·	
COMPLETION DAT	_	'iR' c c	a with	that Hom an	iy 011101 101	or poor,	Bive comminging orac			
					oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.
Designate Type	of Co	ompi	letion	- (X)		!		1		į
Date Spudded			D	Date Compl. F	Ready to Pro	d.	Total Depth		P.B.T.D.	
Elevations (DF, RKB,	RT, GI	R, et	c.j N	Name of Produ	icing Format	tion	Top Oil/Gas Pay		Tubing Depth	
,	,	.,								
Perforations							L		Depth Casing Shoe	
				T	UBING, C	ASING, AND	CEMENTING RECOR	D		
HOLES	IZE				& TUBING		DEPTH SI		SACKS CE	MENT
									 	
									 	
	DEOL	1500	r rop	ATTOWA	DIE (T.		· · · · · · · · · · · · · · · · · · ·			
TEST DATA AND	KEQU	ESI	IFUR	ALLUWA	DLE [16		ter recovery of total volu pth or be for full 24 hours		and must be equal to br	exceed top attow
Date First New Oil Ru	n To T	anks	TD	ate of Test			Producing Method (Flou	, pump, gas lij	t, etc.)	
			-	•					•	
Length of Test			- 	Tubing Pressu	ILG.		Casing Pressure		Choke Size	
Actual Prod. During To	est		- 	oil-Bbls.			Water - Bbls.		Gas-MCF	
			}							
							L		J	
GAS WELL										
Actual Prod. Test-MC	F/D		L	ength of Tes	t		Bbls. Condensate/MMC	F	Gravity of Condensate	
	- , -		-	· · · · · · · · · · · · · · · · · · ·						
Testing Method (pitot,	back r)r.)	T	ubing Pressu	re (Shut-i	<u>(a</u>	Casing Pressure (Shut	-in)	Choke Size	
. dotting (monitor (prince)		,			(55			•		
ODDATE: CASE A							200	CONCEDIA	TION COMMISSION	
CERTIFICATE OF	CUM	rli	ANCE	•			_	alle are larger a	TION COMMISSIO	IA
							APPROVED	OCI 17	1300	. 19
I hereby certify that Commission have be	the rul	les a	ind regi	ulations of	the Oil Co	nservation	7	0 6	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
above is true and co	omplet	e to	the b	est of my k	nowledge a	and belief.	BY W/	1, Dr	essea	
					_		-	NO DES 135	36 as 766 as	
							TITLEOIL A	<u>no sas ies:</u>	7010CI	<u></u>
4 V.	,						This form is to	be filed in o	compliance with RUL	E 1104.
Tarisherty (Signature)			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.							
							,	.	'	
58cm	LETT		(Title)				All sections of able on new and re	this form mu	st be filled out compl ils.	etely for allow-
Oet 1	13. 1	960	• • •						, III, and VI for cha	nges of owner
740 3	-/1 -	-/-	(Date))			well name or number	r, or transport	er, or other such chan	ge of condition.