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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
**RECEIVED** AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
FEB 24 1971  
O. C. C.  
ARTESIA, OFFICE

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator	<b>ROBERT H. BIRNELL</b>	
Address	<b>Drawer 40, Artesia, New Mexico 88210</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Archie M. Speir, Artesia, New Mexico**

DESCRIPTION OF WELL AND LEASE	
Lease Name <b>Cave Pool Unit</b>	Well No. <b>17</b> Pool Name, Including Formation <b>Cave Grayburg</b>
Location	Kind of Lease State, Federal or Fee <b>State</b> Lease No. <b>811662</b>
Unit Letter <b>I</b> ; <b>2310</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b>	
Line of Section <b>4</b> Township <b>17 South</b> Range <b>29 East</b> , NMPM, <b>Eddy</b> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Havaje Refining Co., Pipe Line Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>N. Freeman, Artesia, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Corp</b>	Address (Give address to which approved copy of this form is to be sent) <b>Oklahoma, Texas</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>J 5 17 29 yes 12-1-63</b>

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 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

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

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.

**Louise Daugherty**  
Secretary  
October 28, 1970  
(Title)  
(Date)

OIL CONSERVATION COMMISSION  
MAR 5 1971  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **W. A. Grissett**  
TITLE **OIL AND GAS INSPECTOR**

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