

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

DEC 20 1973

1. PRORATION OFFICE		DEC 20 1973	
Operator		O. C. C.	
Address		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		77102	
New Well	<input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
If change of ownership give name		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Location			State, Federal or Fee	
Unit Letter	80	Feet From The	Line	Feet From The
Line of Section	4	Township	36	Range
				NMPM,
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/>		or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>		or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is well actually connected?	When
If this production is commingled with that from any other lease						

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	Steam 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		Total 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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Choke Size	
Actual Prod. During Test		Oil - 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

VI. 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.

OIL CONSERVATION COMMISSION

APPROVED DEC 21 1976, 19
BY W. A. Grasse
TITLE OIL AND GAS INSPECTION

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.