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SANTA FE					
FILE			V		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	./			
	GAS	1			
OPERATOR					
PRORATION OFFICE					
Operator	er H.	BIL	OM		
Address					

VI.

Oetober 29, 1970(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE /			AND	DEE	Effective 1-1	65	
U.S.G.S.	AUTH	DRIZATION TO	TRANSPORT OIL	AND NATURA	AL GAS		
LAND OFFICE	RE	CEIVE	D				
TRANSPORTER GAS /							
OPERATOR /	F	EB 2 4 1971					
PRORATION OFFICE							
ROHERT H. BIR	DMELL.	O. C. C.			· · · · · · · · · · · · · · · · · · ·		
Address	AR	TESIA, OFFICE				<u>-</u>	
Drawer 40, Ar	tesia, New I	Mencies 88210					
Reason(s) for filing (Check proper)	box)		Other ((Please explain)			
New Well	Change is	Transporter of:					
Recompletion Change in Ownership	Oil		ry Gas				
Change in Ownership	Casinghe	ad Gas C	ondensate				
If change of ownership give name and address of previous owner	Arch	ie M. Speir,	Artemie, New	Mencil.eo			
and address of previous owner					· · · · · · · · · · · · · · · · · · ·		
. DESCRIPTION OF WELL AN							
Lease Name Cave Pool Unit	Well No.	Pool Name, Include Cave Gray	•	Kind of L	State	#°2500	
Location		-a		State, Fe	deral or Fee		
G Unit Letter	1980	m The North	Seat	1980 _	East		
			_Line and	_	om The		
Line of Section	Township	South Range	29 East	NMPM,	₫ Ż	County	
DESIGNATION OF TRANSPO	**************************************						
Name of Authorized Transporter of C		AND NATURAL ondensate		dress to which a	proved copy of this form is	to be seed	
Navajo Refining Co.,			N. Freema	n, Artesia	, New Mencico	to be sent)	
Name of Authorized Transporter of C	Casinghead Gas	or Dry Gas			proved copy of this form is	to be sent)	
Phillips Petroleum (Odessa, T	CEAS .			
If well produces oil or liquids, give location of tanks.	Unit Sec.	5 Twp. Rge	Is gas actually co	onnected?	When 3-1-62		
	<u> </u>						
If this production is commingled a COMPLETION DATA	with that from an	y other lease or p	ool, give commingling	; order number:		·	
Designate Type of Complete		Il Well Gas We	li New Well Work	over Deepen	Plug Back Same Re	s'v. Diff. Res'v	
				l l			
Date Spudded	Date Compl. R	eady to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	, Name of Produ	cing Formation	Top Cil/Gas Pay		Tubing Depth		
			i				
Perforations					Depth Casing Shoe		
HOLE SIZE		BING, CASING,		D CEMENTING RECORD			
HOLE SIZE	CASING	& TUBING SIZE	DEP	TH SET	SACKS CEI	MENT	
			:				
TEST DATA AND REQUEST	FOR ALLOWAI	BLE (Test must	be after recovery of totals a depth or be for full 24	l volume of load	oil and must be equal to or	exceed top allou	
OII. WELL Date First New Oil Run To Tanks	Date of Test	dote jor thi	Producing Method		lift, etc.)		
Length of Test	Tubing Pressu	:0	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil-Bbls.		Water - Bble.		Gas - MCF		
	<u> </u>	**************************************					
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/	/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressur	• (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
						 	
CERTIFICATE OF COMPLIAN	NCE		0	IL CONSER	VATION COMMISSIO	N	
			11	mall ö	19/1	10	
I hereby certify that the rules and Commission have been complied	with and that t	he information giv	en	1.10	le comment de la		
above is true and complete to the	ne best of my kr	nowledge and belie	ef. BY	W.C.	XVIESSE O		
	;		TITLE	TITLE OIL AND GAS INSPECTOR			
<i></i>	/ .						
Denise L	Laure Daugherty		11	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended			
(Sig	natures)		well, this form	must be accom	panied by a tabulation o	f the deviation	

tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able 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 • .