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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS **RECEIVED**

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

JUN 24 1966

I. Operator **KEWANEE OIL COMPANY** O. C. G.
ARTESIA, OFFICE

Address **P. O. BOX 2239, TULSA, OKLAHOMA 74101**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: *From: Breeding Fed. #2*

Recompletion Oil Dry Gas **Change In Lease Name**

Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **Neil E. Salsich, 411 N. Loraine, Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name BREEDING	Well No. 2	Pool Name, Including Formation Square Lake	Kind of Lease State, Federal or Fee Federal	Lease No. NM-025733A
Location				
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West
Line of Section 12	Township 17-S	Range 29-E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Texas New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Skelly Oil Company	P. O. Box 1135, Eunice, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit E&F	Sec. 12	Twp. 17S	Rge. 29S
	Is gas actually connected?		When	
	Yes		April, 1961	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deeper	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			

V. 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

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.

M. M. Tharp
 (Signature)
Chief Clerk
 (Title)
June 20, 1966
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **M. M. Tharp**

TITLE _____

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 completed wells.