NO. OF COPIES REC	6		
DISTRIBUTION			
SANTA FE		1	
FILE		7-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
		1	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	FILE /_	:	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS R F P	
	LAND OFFICE			PEIVED	
	TRANSPORTER OIL	4			
	GAS /	_		AUG 1 0 1967	
	OPERATOR 2			10 4 1 0 1567	
l.	PRORATION OFFICE Operator	1			
	•	il Company of Texas		ARTESIA, OFFICE	
	Address	te Company, or reads			
	P. O. Box Alf. Lec	e Hills, New Mexico			
	Reason(s) for filing (Check proper box	:)	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Ga	ıs 🔲		
	Change in Ownership	Casinghead Gas Conder	nsate Battery Release	tation.	
	Vi channe of annuarchia aine acres				
	If change of ownership give name and address of previous owner				
11.	Lease Name Well No. Pool Name, Including Formation Kind of Lease				
	_	24 Grayburg-Jac	State Fodos		
	Keely C	24 VIEJUUIS-JEC	<u> </u>	Peace A Pastion	
	Unit Letter X ; 66	Feet From The South Lin	ne and 1986 Feet From	The West	
	Omit Letter	r set r tom r ne			
	Line of Section 25 To	wnship 17_g Range	29_Z , NMPM,	County	
III.		TER OF OIL AND NATURAL GA	AS	and any of this form is to be sent)	
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca	ine Company usinghead Gas N or Dry Gas	Address (Give address to which appro	byed copy of this form is to be sent)	
				$\mathcal{M}(\mathcal{M}^{2})$	
	Phillips Petroleus	Unit Sec. Twp. Rge.	Is gas actually connected?	nen ()//	
	If well produces oil or liquids, give location of tanks.	F 25 17-S 29-E	Yes	March 1, 1962	
	Te at the control of the	ith that from any other lease or pool,			
IV.	COMPLETION DATA	the that hom any other lease of poor,	B. vo comming of the first of t		
	Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			m ou (2 - 5	Tubia Danib	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	Periorations				
		TUBING, CASING, AND	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			<u> </u>		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	But I have the car item to i and	2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	GAS WELL		T. D. L. C	Gravity of Condensate	
	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	
	resting Method (pitot, oder pr.)	I mind brossme (Since-In)			
	CERTIFICATE OF COMPLIAN	ICE	OU CONSERV	ATION COMMISSION	
¥1.	VI. CERTIFICATE OF COMPLIANCE		JIE JOHNERY	inたy.	
	I have be consider that the rules and	regulations of the Oil Conservation	APPROVED, 19		
	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.		BY W. a. Gressett		
			TITLE GELATE C. TOTAL AND		
			This form is to be filed in compliance with RULE 1104.		
	1 E Halter V. I. Walter		If this is a sequent for allowable for a newly drilled or deepened		
	District Superintendent		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
(Title)		able on new and recompleted wells.			
	August 8, 1967		Fill out only Sections I II. III. and VI for changes of owner,		
		Date)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		
			Separate Forms C-104 must be filed for each pool in multiply completed wells.		
ii ii			•		