NO. OF COPIES RECEIVED		16
DISTRIBUTION		
SANTA FE		7
FILE		/
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		2
PRORATION OFFICE		
Operator		

10

	DISTRIBUTION			
	h	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1
	FILE /	-	AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS
	LAND OFFICE	4		
	TRANSPORTER GAS			GAS REPEATED
	OPERATOR	1		Pira
I.	PRORATION OFFICE Operator			111111111111111111111111111111111111111
		il Company of Texas	er.	ARTEN SO
	Address		V	DFFICE
	F. O. Box 416. Loc Reason(s) for filing (Check proper box,	O Hills, New Mexico	Other (Please explain)	
	New We!l	Change in Transporter of:		
	Recompletion	Oil Dry Ga	rs 🔲	
	Change in Ownership	Casinghead Gas Conden	Battery Reloc	etion
	If change of ownership give name			
	and address of previous owner			
H.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Leas	e Lease No.
	Keely B	16 Grayburg-Jack		
	Location	10 Grayburg-Jack	Son	rederal UZ8/84-9:
		95 Feet From The South Lin	ne and Feet From	(b) Tr. A
	Unit Letter;	Peet From The Dout!	te andFeet From	The Fast
	Line of Section 26 Tov	vnship 17-S Range	29-E , NMPM,	Eddy County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of Oil	or Condensate	1	
	Reme of Admortzed Transporter of Off	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
	Continental Pipe L	ine Company		
		ine Company	North Freeman Avenue Address (Give address to which appro	
	Continental Pipe L	ine Company Inched Gas Tor Dry Gas Company	North Freeman Avenue Address (Give address to which appro	Artesia, New Mexico ved copy of this form is to be sent)  LESVIITE Oklahoma
	Continental Pipe L. Name of Authorized Transporter of Cas Fhillips Petroleum If well produces oil or liquids,	ine Company Inghead Gas or Dry Gas Company Unit Sec. Twp. Rge.	North Freeman Avenue Address (Give address to which appro	Artesia, New Mexico ved copy of this form is to be sent)
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IV.	Continental Pipe L. Name of Authorized Transporter of Cas Fhillips Petroleum  If well produces oil or liquids, give location of tanks.  If this production is commingled wit COMPLETION DATA  Designate Type of Completion Date Spudded  Elevations (DF, RKB, RT, GR, etc.,)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test	Company Unit Sec. Twp. Rge. B 26 17-S 29-E The that from any other lease or pool,  Oil Well Gas Well  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AND CASING & TUBING SIZE  OR ALLOWABLE (Test must be a) able for this de  Date of Test.  Tubing Pressure	North Freeman Avenue Address (Give address to which appro Address (Give address to which appro Address (Give address to which appro  Address (Give address to which appro  Pess  give commingling order number:  New Well Workover Deepen  Total Depth  Top Oil/Gas Pay  CEMENTING RECORD  DEPTH SET  fter recovery of total volume of load oil pth or be for full 24 hours)  Producing Method (Flow, pump, gas li  Casing Pressure	Artesis New Mayico ved copy of this form is to be sent)  LESVIIIE Okishoms en  March 1, 1962  Plug Back Same Res'v. Diff. Res'v. P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  and must be equal to or exceed top allow ft, etc.)  Choke Size
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IV.	Continental Pipe L. Name of Authorized Transporter of Cas Fhillips Petroleum  If well produces oil or liquids, give location of tanks.  If this production is commingled wit COMPLETION DATA  Designate Type of Completion Date Spudded  Elevations (DF, RKB, RT, GR, etc.,)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test	Company Unit Sec. Twp. Rige.  B 26 17-S 29-E  th that from any other lease or pool,  Oil Well Gas Well  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AND  CASING & TUBING SIZE  OR ALLOWABLE (Test must be a) able for this de  Date of Test  Tubing Pressure  Oil-Bbls.	North Freeman Avenue Address (Give address to which appro Address (Give address to which appro Address (Give address to which appro Is gas actually connected? Wh Yes  give commingling order number:  New Well Workover Deepen  Total Depth  Top Oil/Gas Pay  DEPTH SET  Ster recovery of total volume of load oil of the or be for full 24 hours)  Producing Method (Flow, pump, gas lift casing Pressure  Water-Bbls.	Artesis New Mexico ved copy of this form is to be sent)  LESVITE Oklahoms en  March 1, 1962  Plug Back   Same Res'v.   Diff. Res'v.  P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  and must be equal to or exceed top allow ft, etc.)  Choke Size  Gas-MCF

## 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.

District Superintendent (Title)

August 8, 1967

(Date)

## OIL CONSERVATION COMMISSION

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.