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SANTA FE			
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U.S.G.S.			T
LAND OFFICE			
IRANSPORTER	OIL	!	I
	GAS	ſ	
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	· AND NSPORT OIL AND NATUBAL G	A C		
	LAND OFFICE	No money for the	ALL THE STATE OF	D		
	TRANSPORTER GAS GAS		OFC 1 0 1973			
	OPERATOR]					
I. PRORATION OFFICE						
	Tom Boyd & Jack Plemons ARTESIA, OFFICE					
Address						
	Reason(s) for filing (Check proper box)		Other (Please explain)	0 88310		
	New Well	Change in Transporter of:	_ Change fro	m teya		
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	S New Mexico	m texuso Pipeline		
		Cashigheda Gas Conden	isdie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·		
II.	DESCRIPTION OF WELL AND I	FASE				
	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.					
	Location	1 GrayDurg	JCCKJPN State, Federal	cr Fee 1 1018 B7596		
	Unit Letter E ; 66	O Feet From The West Lin	e and 1980 Feet From T	he North		
	2 []	IDC 3	e dita reet riom i			
	Line of Section Z Tow	mship 13 Range	, NMPM,	hady County		
III.	DESIGNATION OF TRANSPORT		S			
	Name of Authorized Transporter of Oil		Address (Give address to which approv	1 ^ '		
	Name of Authorized Transporter of Cas	Dil Yurchouing (2, inghead Gas ☑ or Dry (€as □	Address (Give address to which approb	ed copy of this form is to be sent)		
	Phillips Petroleum BorTersville, oklahama					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	1 - 0		
	give location of tanks.		Yer ! y	AGIS AS P		
	If this production is commingled wit COMPLETION DATA		give commingling order number:			
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	El (DE DVD DO					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations	L		Depth Casing Shoe		
		TUDING CASING AND	CEVENTING DECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a		and must be equal to or exceed top allow-		
	OII. WELL able 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		
	resting Method (public pack pri)	Land Liesame (Sunc-In	County Plansule (Succ-11)	Chore Size		
VI.	CERTIFICATE OF COMPLIANCE	CE		TION COMMISSION		
			APPROVED DEC 1 1 1973			
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	APPROVED DLO III			
	above is true and complete to the best of my knowledge and belief.		BY			
			TITLE AND GAS INSPECTOR			
			This form is to be filed in compliance with RULE 1104.			
	/ (Signo	sture)	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 allow-			
	Hourt					
	(Title)		able on new and recompleted wells.			
)	(te)	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.			
completed wester						