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C. L. Loyd - Owner

12-6-74

(Title)

(Date)

REPUEST TO EAD OWABLE AND

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

U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS
LAND OFFICE	DEC or	···	
TRANSPORTER GAS		5.1	
OPERATOR /	O. C. C		
PRORATION OFFICE	ARTESIA, OF	FICE	
Operator Con County			
L & G Oil Compa	any	· · · · · · · · · · · · · · · · · · ·	
Address 918 South Rose	lawn Artesia NM 8821	10	
Reason(s) for filing (Check proper box,		Other (Please explain)	
New Well	Change in Transporter of:	Th	is well has been
Recompletion	Oil Dry Gas	$_{ extsf{s}}$ $\ \ igsqcup \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	be put on production
Change in Ownership X	Casinghead Gas Condens	sate Chargi Kan lan +	hill & from the East " 1
7		" transported	correction ted
If change of ownership give name and address of previous owner	Tom Boyd Petroleum Bu	<u>uilding - Roswell, N</u>	M 88201
	• 5.405		
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
- Book state	- -	i	or Fee State E-537
Location			
Unit Letter;16.	50 Feet From The South Line	e and 2310 Feet From T	he East
Line of Section 33 Too	wnship 17S Range 2	29Е , ммрм, Ед	dy County
PROJECT ARION OF TRANSPORT	TED OF OU AND NATURAL GA	c	
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate	Address (Give address to which approv	
		Box 1183 Houston Li	hat 77601
Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
none			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n.
give location of tanks.		<u> </u>	
	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completic	on = (X)		
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
	1		Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		fter recovery of total volume of load oil	and must be equal to as arread ton allow
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE. (Test must be a) able for this de	pth or be for full 24 hours)	and must be equal to or exceed top arrow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(t, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	OIL Phile	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil-Bbls.	Helet - Date!	
<u> </u>	<u> </u>		<u> </u>
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
			TION CONTROL
CERTIFICATE OF COMPLIAN	ICE		TION COMMISSION
		APPROVED DEC 11 197	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED DEC 11 197	Grassett.
above is true and complete to th	ne best of my knowledge and belief.	1	
·		TITLE OIL AND GAS INSPEC	TO#
2000		This form is to be filed in	compliance with RULE 1104.
C. f. Son	· &-	as able to a sequent for allow	vable for a newly drilled or deepene
(Signature)		well, this form must be accompa	nied by a tabulation of the deviation

well, this form must be accompanied by a tabulation of 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 completed wells.