NO. OF COPIES RECEIVED		2,5	
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U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	7	
OPERATOR		1	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE **AND**

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED JUL Operator Hennedy Cil Co., Inc. TENA, OFFICE Box 151 Artosia, I.M. Other (Please explain) Reason(s) for filing (Check proper box) rotrogorous asy to egreels work of beli-New Well Change in Transporter of: Grom Skelly to Continental Mil Co. Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE
| Lease Name | Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee n-2130 Square haire (G.SA) State Randol State 660 _ ; <u>193</u>0 Feet From The Line and _ Edding . NMPM. County Range 30.0 Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) No. Freeman Artesia. N.M.
Address (Give address to which approved copy of this form is to be sent) Nava of Authorized Transporter of Casinghead Gas V Division Gas Houston, Texas 2197 Continental Cil Co. Is gas actually connected? Unit Twp. If well produces oil or liquids, give location of tanks. 1960 yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Resty. Diff. Resty. New Well Workover Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Water - Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE JUL 1 7,1969 APPROVED 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. TITLE . This form is to be filed in compliance with RULE 1104. (Signature)

(Title)

7/16/69

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-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