NO. OF COPIES REC	7				
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SANTA FE					
FILE					
u.s.g.s.	1				
LAND OFFICE					
IRANSPORTER	OIL	1			
TRANSFORTER	GAS	/			
OPERATOR	3				
PRORATION OF					
Operator					
	Pet	rol	21		
Address					
	Drav		E		
Reason(s) for filing (Check proper bo					
New Well					
Recompletion					
	Change in Ownership				

10

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	NEW MEXICO OIL CONSERVATION COMMISSION PREQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS	
I.	IRANSPORTER OIL / GAS / OPERATOR 3 PRORATION OFFICE Operator			RECEIVED	
	,	um Corporation of Tex	x8.8 ¹ /	AUG 3 0 1965	
	Drawer 1	B, Artesia, New Mexic	10	O. C. C. ARTESIA, OFFIGE	
	Reason(s) for filing (Check proper be New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please explain) Changed y ensate	from Deyter, 15"	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND Lease Name		ame, Including Formation	Kind of Lease	
	Location Dexter	15° Federal 1 0	rayburg Jackson	Sete, Federal See 029020 (L)	
٠	Unit Letter ;	Feet From The South Li	ne and 1650 Feet From	The Last	
	Line of Section 35 , T	ownship 177 Range	308 , ммрм,	Eddy County	
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G			
	Name of Authorized Transporter of O	il or Condensate		oved copy of this form is to be sent)	
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appropriate and the second	oved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		hen	
		vith that from any other lease or pool,	give commingling order number:	6-27-65	
IV.	Designate Type of Complet	Oil Well Gas Well	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.	
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST F		ufter recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
ļ					
[GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
	CERTIFICATE OF COMPLIAN I hereby certify that the rules and	egulations of the Oil Conservation APPROVED AUG 3 0 1965		965 , 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY ML armstring		

VI.

(Signature)

Dist. Superintendent

(Title)

August 30, 1965 (Date)

OR AND GAS INSPERTOR

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 Sections I, II, III, and VI only 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.