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SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION [], [], [], Form C-104 REQUEST FOR ALLOWABLE ARTESIA, DFF 154 Fersedes Old C-104 and C-			
FILE	V	AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS	
LAND OFFICE				
IRANSPORTER GAS				
PRORATION OFFICE				
Operator	Production Company		·	
	Froduction company			
Box 67	Loco Hills, New Mexico	පි 25 5		
Reason(s) for filing (Check proper be	ox)	Other (Please explain)		
New Well	Change in Transporter of: Oil Dry Ga			
Recompletion Change in Cw.ership	Casinghead Gas Conder			
One of the state o				
If change of ownership give name and address of previous owner			<u>-</u>	
DESCRIPTION OF WELL AND		ormation Kind of Lea		
Federal "L"	Well No. Pool Name, Including F 2 Loco Hills Ch	State, Feder	se o25936-D	
	310 North	1290	West	
Unit Letter;	Feet From The Lin	30 13	Eddy	
Line of Section 31	Cownship 1.7 S Range	, NMPM,	County	
DESIGNATION OF TRANSPO	RT∉R OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of C Texas New Mexico Pip	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Authorized Transporter of C Phillips Petroleum C	Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
	Unit Sec. Twp. Age.	is gas actually connected? W	hen	
If well produces oil or liquids, give location of tanks.	F 31 178 30E	No		
	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv	
Designate Type of Complet		X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth 3025	P.B.T.D. 301∂	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Graviour	Top Cil/Gas Pay 3002	Tubing Depth 3014	
Perforations 3002-12		<u> </u>	Depth Casha Shoe	
- Marine		CENTRALING DECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLESIZE	2/ 0 3/2C	2007	- 90 -	
10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 Liner)	2632= 3025	100	
	2 3/8"	3014		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load or	l and must be equal to or exceed top allow	
OIL WELL Date First New Cil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)	
9-11-72	9-15-72 Tubing Pressure	Pump Casing Pressure	Choke Size	
Length of Test 24 ilrs.	I doud bressma	<u> </u>		
Actual Prod. During Test	O11-Bble. 22	Water-Bbls. 49 (load)	Gas-MCF 10.1	
<u> </u>		<u> </u>		
GAS WELL		Inv. o I and	Complete of Condensate	
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	
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
		APPROVED SEP 2019	72	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		For Record Only		
above is true and complete to t	the best of my knowledge and belief.			
		TITLE OIL AND G.S NSPE		
		This form is to be filed in	compliance with RULE 1104.	
Original signed by D. R. Layton		I I while form must be accome	wable for a newly drilled or deepene sanied by a tabulation of the deviation	
k rea Super vi s	inatine)	il tests taken on the well in acc	Ordance with MULE !!!.	
	Title	All sections of this form to	nust be filled out completely for allow	

15 September 1972