	NO. OF COPIES RECEIVED	15	_									
	DISTRIBUTION	+-'-	NEW MEXICO OIL CONSERVATION COMMISSION					F 0	. 104			
	SANTA FE	1711	r			FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110			
	FILE	1/4		AND			Effect	ive 1-1-65	Windows -			
	U.S.G.S.	<del></del>	AUTHOR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE		AUTHOR	IZATION TO TRA	1131 311 3	IL AITE	INATORAL O					
	OIL	17										
	TRANSPORTER GAS											
	OPERATOR	1/	†									
	PROPATION OFFICE	1										
1.	Operator											
	Serray DX 0il Company											
	Address											
	P. O. Box 1416 - Reswell, New Mexico											
	Reason(s) for filing (Check proper box)  Other (Please explain)											
	New Well X Change in Transporter of:											
	Recompletion		Oil	Dry Go	rs					1		
	Change in Ownership		Casinghead	Gas Conde	nsate 🔙							
	If change of ownership gi and address of previous of	owner	FACE		····							
11.	DESCRIPTION OF WE	LL AND I	Well No. P	Well No. Pool Name, Including Formation			Kind of Lease			Lease No.		
	M. Dodd "B"		23 Grayburg Jackson					or Fee Fede	ral (	028731-в		
	Location				3							
	To 1000 Couth 1000 Foot From The Most											
	Unit Letter K	Unit Letter K : 1980 Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b>										
	Line of Section 11	Tow	mship 17S	Range	<b>2</b> 9E	, NMP	м,	Edd <b>v</b>		County		
	Line of Section 11					<u>-</u>						
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil											
	Name of Authorized Trans	Box 1510 - Midland, Texas  Address (Give address to which approved copy of this form is to be sent)										
	Phillips Petrol	ieum Com	pany Unit Sec.	Phillips Pet Building - Cdessa, Texas								
	If well produces oil or liqu	Twp. Rge.	15 945 4044217 5044217									
	give location of tanks.		A 15			Yes 9-10-67						
IV	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA											
		Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	r, Diff. Restv.				
	Designate Type of	Completio			X	<u> </u>	1					
	Date Spudded		Date Compl. Re	ady to Prod.	Total Depth	1		P.B.T.D.				
	8-4-67		82	6-67	2702				2664			
	Elevations (DF, RKB, RT	, GR, etc.	Name of Produc		Top Oil/Gas Pay			Tubing Depth				
	3636 KB		Met	Metex		2469		2499				
	Perforgions					Depth Casing	Suos					

2469, 2471, 2472, 2474, 2479, 2481

CASING & TUBING SIZE

12 1/4" 7 7/8" 8 5/8" 5 1/2" 2702 250 2" EUE 2499 Tubing (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 of Test Date First New Oil Run To Tanks Pump Casing Pressure 9-10-67 9-11-67 Choke Size Tubing Pressur Length of Test 24 Hrs.
Actual Prod. During Test

TUBING, CASING, AND CEMENTING RECORD

DEPTH SET

513

0

GAS WELL
Actual Prod. Test-MCF/D Gravity of Condensate Bbls. Condensate/MMCF Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

Water - Bbls.

## VI. CERTIFICATE OF COMPLIANCE

1 Hole/Ft

HOLE SIZE

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.

Oil-Bbls.

43

John Hasting John	<u> Hastings</u>
(Stanature)	
District Engineer	
(Title)	
91267	

(Date)

OIL CONSERVATION COMMISSION

Ggs - MCF

SACKS CEMENT

2701

275 sx

APPROVED	f	, 19
BY W.a. S	ressett	
<u> </u>		
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 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.