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	FILE		1		
	U.S.G.S.		<u> </u>		
	TRANSPORTER	OIL	1		
		GAS	1		
	OPERATOR		1		
_	DECEATION OFFICE				

Engineer

March 26, 1971

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	7	AND	Effective 1-1-65		
FILE /	AUTHORIZATION TO TR	AND	GAS RECEIVED		
U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT UIL AND NATURAL	GASTEIVED		
OIL /	7				
TRANSPORTER GAS /			MAR 29 1971		
OPERATOR /			- 77 <u>1</u>		
PRORATION OFFICE					
Operator			ARTESIA, UFFICE		
Mana Resources, I					
Address (Dot) XC	iding, Dallas, Texas 752	02			
		Other (Please explain)			
Reason(s) for filing (Check proper bo.	Change in Transporter of:	Omer (1 rease explana)			
Recompletion	Oil Dry G	as 🔲			
Change in Ownership	Casinghead Gas Conde	nsate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Le	ase Lease No		
State 21	1 Undesignate		eral or Fee State B-1266		
Location					
Unit Letter P ;	660 Feet From The S Li	ne and Feet Fro	m The E		
Olit Zetter		200	3.1		
Line of Section 21 To	ownship 175 Range	29E , NMPM, E	ddy County		
		• 0			
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	Address (Give address to which app	proved copy of this form is to be sent)		
The Permian Co		P. O. Box 3119, Midla	nd. Texas 79701		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which app	conved copy of this form is to be sent)		
Natural Gas Pipeline	A .	P. O. Box 283, Housto	n, Texas 77001		
If well produces oil or liquids,	Unit Sec. Twp. Rge.		When 22		
give location of tanks.	P 21 17S 29E	No year	April 1, 1971		
If this production is commingled w	with that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	C:l Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff, Res		
Designate Type of Complet					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Nov. 20, 1970	Jan. 15, 1971	10,835	10,801		
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth		
3563 KB	Morrow	10,748	10,746		
Perforations	PC 1-1		Depth Casing Shoe 10,834		
10,748 - 10,776	56 holes	D CENENTING DECORD	10,034		
	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	11 3/4"	756	750		
11"	8 5/8"	3,500	600		
7 7/8"	4 1/2"	10.834	300		
	2 3/8"	10,746			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top all		
OIL WELL	ante for this c	lepth or be for full 24 hours) Producing Method (Flow, pump, ga.	- lift etc.)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (riow, pamp, go.	1 15/16, 616.17		
	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test	I applied Ligan and				
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
GAS WELL		1-	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	£1		
4,459	2.75 hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	pkr.	1.250		
Back Pressure			VATION COMMISSION		
. CERTIFICATE OF COMPLIA	NUE	11			
	d seculations of the Oil Consequation	APPROVED	APPROVED MAY 6 1971 , 19		
Commission have been complied	d regulations of the Oil Conservation is with and that the information gives	110 4	10000		
above is true and complete to t	the best of my knowledge and belief	1 BY	AAD INDUCATOR		
		TITLE OIL AND	GAS INSPECTOR		
· · · · · · · · · · · · · · · · · · ·	,	TITLE			
ati, Ho	an DR I	This form is to be filed	in compliance with RULE 1104.		
The Ho	ignature)	This form is to be filed If this is a request for a	in compliance with RULE 1104. Illowable for a newly drilled or deepe		
John Gould, St	enature)	This form is to be filed If this is a request for a well, this form must be accortes taken on the well in ac	in compliance with RULE 1104. Illowable for a newly drilled or deeper		

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.