ſ	NO. OF COPIES RECEIVED]			
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
	SANTA FE /	<u> </u>		Supersedes Old C-104 and C-11	
[FILE /		AND	REDELECTIVE 1-1-65 CAS	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS	
ļ	LAND OFFICE			MAD	
	TRANSPORTER OIL	-		MAR 2 7 1972	
	GAS /				
	OPERATOR /			ARTESIN. C.	
I.	Operator			ARTESIA OFFICE	
	Anadarko Production Company				
	Address				
	Box 67 Lo	co Hills, New Mexico 88	25 5		
	Reason(s) for filing (Check proper box,		Other (Please explain)	GAS MUST NOT BE	
- 1	New Well	Change in Transporter of:		(D) -> -/ (D)Z	
	Recompletion	Oil Dry Go	INLESS AN F	EXCEPTION TO R-4070	
i	Change in Ownership	Casinghead Gas Conder	IS OBTAINED		
	If change of ownership give name		15 01111		
	and address of previous owner				
II.	Lease Name "A"	Well No. Pool Name, Including F	ormation Kind of Le	ase Lease No.	
	/f		State Fed	eral or Fee Federal 194074935	
	Loco Hills/Federal A.	3-35 Grayburg Jacks	OH - GDK - CR	3000101 Just 1757/	
	a 660	Worth 14	e and 1980 Feet Fro	m The West	
	Unit Letter <u>C</u> ; <u>DOU</u>	Feet From The North Lin	e and <u>1900</u> Feet Fro	m Ine	
	Line of Section 15 Tov	vnship 178 Range	30 E , NMPM,	Eddy County	
	2 0. 0.00				
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is		
	Name of Authorized Transporter of Oil and or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Nave jo Refining Company Pipeline Division Box 67 Artesis, New Mexico 88210 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	Phillips Petroleum Comp	Unit Sec. Twp. Rge.	Bartlesville, Oklahe Is gas actually connected?	When	
	If well produces oil or liquids,		is gas detadiny connected;	5/07/20	
	give location of tanks.	M 10 178 30E	<u> </u>		
		th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	on - (X)	x		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	3-4-72	3-15-72	2904	2886	
	Elevations (DF, RKB, RT, GR, etc.)	3-15-72 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3701 GL	Grayburg	2757	2875	
	Perforations	-		Depth Casing Shoe	
	2757-63, 2773-78, 2787-90, 2855-63			2903	
		TUBING, CASING, ANI	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
	12+	8 5/8**	407	150 300	
	7 7/8	55	2903		
			 		
••	MICH DAMA AND DECYPER D	OR ALLOWARIE (Tank must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow	
٧.	OIL WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	(lift, etc.)	
	16 March 1972	24 March 1972	Flow		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 Hrs.	150 psi	540 ps1		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 340	
		270	10 (Load)	540	
	GAS WELL	It was to differ the same of t	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	EDIS. CORDEREGIS MMCF	G.G.M. O. COMMENTALE	
		Turking December / The Act	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Count Liesame forme_re.	0	
			211 201125	VATION COMMISSION	
VI.	. CERTIFICATE OF COMPLIANCE			VATION COMMISSION	
				IR <u>3</u> ? 19 72	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		11	AFFROVED / 1 / O	
	above is true and complete to the	best of my knowledge and belief.	BY	CY LESSIAN	

This form is to be filed in compliance with RULE 1104.

TITLE .

D. R. Tryton District Superintendent

(Title)

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.

OIL AND GAS IMPRECTOR

All sections of this form must be filled out completely for allow-