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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	1		
OPERATOR				
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND N

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	LAND OFFICE	AUTHORIZATION TO TR		NATURAL (GAS			
TRANSPORTER GAS								
	OPERATOR / MAY 3 1 1972							
PRORATION OFFICE								
	Operator		. C. C.					
	Anadarko Production Company ARTESIA, OFFICE							
	P 0 Per 47 Taxa	*****						
	Reason(s) for filing (Check proper bo	Hills, New Mexico 8825	Other (Plea	se explain)				
	New Well X	Change in Transporter of:	Omer (Free	se explain)	,			
	Recompletion	Oil Dry Go	as CASD	MCHEAD X	AS MUST NOT	DE		
	Change in Owsership	Casinghead Gas Conde		ED AFTER		ZDE		
					CEPTION TO E			
	If change of ownership give name and address of previous owner			TAINED	CEL PROPERTY.	2010		
				6	4 2-76	77		
II.	DESCRIPTION OF WELL AND				x 21 2 8 - 18	. / 6		
	Lease Name	Well No. Pool Name, Including F	Tormation	Kind of Leas		Lease No.		
	Location Federal B	3-27 Grayburg Jack	k s on	State, Federa	or Fee Federal	-0 293#2 (ъ		
		•••				/5/~ (5		
	Unit Letter F ; L	980 Feet From The North Lir	ne and <u>1980</u>	Feet From	The West			
	Line of Section 17 To	ownship 78 a Range	20 m , NMP	M		Court		
	Line of occion	17-S Hange	30-E	147,	Eddy	County		
m.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS					
	Name of Authorized Tansporter of Ot	or Condensate		o.dde yasymbl	ved rooty of this form is	to be sent)		
		Name of the last o	P. O. DOX		TOUSTON	1 EXNS		
	Name of Authorized Transporter of Co	ssinghead Gas 🔛 💮 or Dry Gas 🦳	Address (Give addres	to which apple	ved copy of this form is	to be sent)		
	Phillips Petroleum Con	กาคาง	Lth & Washine	ton Odea	as Morre			
	If well produces oil or liquids,	Unit Sec. Twp. Age.	is day de la Marchine	Mary Orda				
	give location of tanks.	F 17 17-S 30-E	to yes	-	8-9-72			
	If this production is commingled w	ith that from any other lease or pool,	give commingling ord	er number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	oty Diff Boots		
	Designate Type of Completi		New Well Workover	Deepen	Flag Back Same Re	s'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u>i</u>		
	5-9-72							
	Elevations (DF, RKB, RT, GR, etc.)	5-27-72 Name of Producing Formation	3658 Top Cil/Gas Pay		Tubing Depth	-/``\		
	3658 GL	Grayburg - San Andres	2021		2/2"			
		-2511, 2607-2611, 2660-26			Depth Casing Shoe	1 1		
	Perforation 2024-2048, 2495-2511, 2607-2614, 2660-2663, 2678-2684, Depth Casing Shoe 2704-2714, 3006-3010, 3350-3360, 3596-3626							
		TUBING, CASING, AN		RD	J071			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH !	SET	SACKS CE	MENT		
	12 1/2"	8 5/8"	480*		150)		
	7 7/8"	5 1/2"	36571		70	_		
	5n	2"	36351			-		
			1		j			
V.	TEST DATA AND REQUEST F		fter recovery of total voi pth or be for full 24 hou		and must be equal to or	exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo		(t, etc.)			
	5-28-72	5_20_72				in the state of		
	Length of Test	Tubing Pressure	Casing Pressure	ρ	Choke Size			
	24 hours					15		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF			
		200	470 (70	ed	290			
								
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF	Gravity of Condensate	•		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-1n)	Choke Size			
		<u> </u>	1					
VI.	ERTIFICATE OF COMPLIANCE		OIL	CONSERVA	TION COMMISSIC	N		
				APPROVED MAY 3 1 1972, 19				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			BY W. a. Dresett					
above is true and complete to the best of my knowledge and belief.								
			-1	OIL AND	GAS INSPACTOR			
			TITLE					
	Original si				compliance with RUL			
D. R. Layton (Signature)		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.						
	District Superi	ntendent (itle)	All sections of	f this form mu	at be filled out compl	etely for allow-		
	/Ti	itie)	tt stem som men i tr					