40. OF COPIES REIVLJ		نو ا	خ	
DISTRIBUTION				
ANTA FE		i		
ILE			سا	
.\$.G.\$.		<u> </u>		
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL	1	L	
	GAS			
OPERATOR		1		
PROBATION OFFICE		1	ĺ	

January 6, 1975

(Date)

NEW MEXICO OIL CONSERVATION CON SION REQUEST FOR ALLOWABLE

., Form C-194

Supergedig Old C-104 and C-116
Effective 1-1-65

	ILE		AND	Ellective 1-1-03	
	.\$.G.\$.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS	
	LAND OFFICE	RECEIVED			
	TRANSPORTER GAS				
	OPERATOR 1 JAN 9 - 1970				
	PRORATION OFFICE				
	Operator ACTORIA, DEFICE				
	Armer Oil Company				
	2110 Continental Na	tional Bank Bldg., F	ort Worth, Texas 76	102	
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:	Change of tra	nsporter from NCO to	
	Recompletion	Oil X Dry Gas Casinghead Gas Conden	NRC effective	12/14/74.	
	Change in Ownership	Casingheda Gas Conden			
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE	ormation Kind of Leas	e Lease No.	
	Lease Name		Grayburg-SA State, Federa		
	Arco Federal	1 Square Dake	014,2-23	n29342(d)	
	Unit Letter H : 19	80 Feet From The North Line	e and Feet From	East	
	Unit Letter;			ddy	
	Line of Section 9 Tow	vnship 17S Range	30E , _{NMPM} , E	County	
		OF OVE AND MATERIAL CA	e		
III.	DESIGNATION OF TRANSPORT	X or Condensate	Addiess (Citte addiess to much appro		
	Navaio Refining Com	pany - Pipeline Div.	Box 159, Artesia,	New Mexico 88210	
	Name of Authorized Transporter of Cas	singhedd Gds X or Dry Gds	Address (Give address to which appropriate P. O. Box 2197, Ho		
	Continental Oil Com			en	
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Yes	11/24/73	
	give location of tanks.	<u> </u>	<u> </u>		
IV	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,			
1 .	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Bute Compi. Heady to Free			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top CH/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
	TUBING, CASING, AND		CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			:		
			!		
			1		
w	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top allow	
٧.	OII. WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift, etc.)	
	·				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	Addes - DEIR		
	l	1			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
		(0.4.10)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
		CF	OIL CONSERV	ATION COMMISSION	
VI.	CERTIFICATE OF COMPLIAN	UE.	JAN 1 0 1975		
	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.		APPROVED		
			BY L. a. grissett		
			TITLE SUPERVISOR, DISTRICT IL		
			· · · · - · · - · · · · · · · · · · · · · · · · · · ·		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened.		
	(Siden	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Production Manager (Title)		Att sections of this form m	ust be filled out completely for allow	
			All sections of this form must be inted out completed.		

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.