		1 5	
DISTRIBUTION			
SANTA FE		T	
FILE		1	4
U.S.G.S.			
L-ND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OFERATOR		1	
PROBATION OFFICE			

April 5, 1976

(Date)

NEW MEXICO OIL CONSERVATION COM.JION REQUEST FOR ALLOWABLE AND

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

L.ND OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NATURA	L GAS		
TRANSPORTER OIL		RECEIVED APR 1 2 1976			
GAS OFERATOR	 				
PRORATION OFFICE					
Petro-Searc	ch, Inc.	,			
Address SOF Dottered		0	ARTESIA, OFFICE		
Reason(s) for filing (Check prope	eum Club Building, De	Other (Please explain)			
New Well	Change in Transporter of:		wnership effective		
Recompletion Change in Ownership X	, -	ory Gas April 1, 19	76		
If change of ownership give na and address of previous owner	me	7, 2110 Continental N	ational Bank Bldg.		
I. DESCRIPTION OF WELL A	Fort Worth, TX 76	5102	22.48		
Lease Name	Well No. Pool Name, Includ	ing Formation Kind of Le	ease Lease No.		
Arco Federal	3 Square Lak	te Grayburg-SA State, Fed	eral or Fee Federal		
í	1980 Facility North	_Line and 1980 Feet Fro	LC-029342(d)		
_		_Line andFeet Fro	m The <u>FASC</u>		
Line of Section 9	Township 17S Range	30E , NMPM,	Eddy County		
. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	. GAS			
Name of Authorized Transporter o	f Oil 🔼 or Condensate 🗌	Address (Give address to which app	proved copy of this form is to be sent)		
Name of Authorized Transporter of	Ing Company-Pipe Line f Casinghead Gas (A) or Dry Gas (A)	Div North Freeman Aver	nue, Artesia, NM 8821		
Continental 0		-	ouston, Texas 77001		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge	. Is gas actually connected?	When		
	<u> </u>		7/14/74		
COMPLETION DATA	i with that from any other lease or pe	ool, give commingling order number:			
Designate Type of Compl	etion - (X) Gas We	ll New Well Workover Deepen	Plug Back Same Resty. Diff. Resty		
Date Spudded	Date Compl. Ready to Prod.	Total Depta	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Cti/Gas Pay	Tubing Depth		
			Tubing Depth		
Perforations			Depth Casing Shop		
	TUBING, CASING,	AND CEMERATE RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CT TO T		
			10 to 100		
TEST DATA AND REQUEST OIL WELL		e after receively of ictal volume of load of eepsh or be for full 24 hours!	land must be equal to the control of the affice		
Date First New Oil Run To Tanks	Date of Test	Freducing Method (Flow, pump, gas	ijt, etc.)		
Length of Test	Tubing Pressure	Casiny Pressure	Choke Size		
		Custing Freezewe	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Sbis.	Gas-MCF		
CAG NEW Y					
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Communication		
		Data: College and to Market	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
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 CONSERVA	OIL CONSERVATION COMMISSION		
		$ $ $ $ $ $ $ $ $ $ $ $ $ $	APPROVED TILL A 10/0 , 19		
		i. BY Wall			
	TITLE SUPERVISOR, DISTRICT IL		SI KICI A		
This form is to be filed in compliance with Ri		•			
Production Manager (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. All sections of this form must be filled out completely for allow-			

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.