STATE OF NEW MEXICO ENGY AND MINERALS DEPARTMENT

| HPT WILLIAMACL | MEG L | 1017 | .,,,,, | 11. |
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| DIST MINUTE | | | | |
| SANTA FE | 1 | | | |
| FILE | | | | |
| V.8.0.8, | | | | |
| LAND DEFICE | | | | |
| TRAHIPORTER | DIL | 1 | | |
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| OPERATION. | | | | |
| PADRATION OFFICE | | | | |

OIL CONSERVATION DIVIS N P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
RECEIVED

JUN 24 1983

REQUEST FOR ALLOWABLE AND SPANSORT OIL AND NATURAL GAS

| O. C. D. ARTEGIA, OFFICE | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|
| | | | | | | | |

Fill out only Sections I. II. III, and VI for changes of owne-well name or number, or transporter or other such change of condition

Separate forms C-104 must be filled for each pool in multip

| PRODATION OFFICE | 4-1 | AUTHO | RIZATIO | N TO TRANSP | PORT OIL | AND NATUR | AL GAS | | | ·· |
|---|------------------|---------------|--|---|------------------------------|---|------------------|------------------|---------------------------------------|-------------------|
| Operator | hillips Oi | il Compa | ny 🖊 | | | | | | | |
| Address P | 0. Box 1 | 128, Loc | Hills | , New Mexi | .co 882 | 55 | | | | |
| Reason(s) for filing (C) New Well Recompletion Change in Ownership | | Change Ct1 | In Transpo | rter of: Dry Ga Conder | • 🚽 | ~ | in Lease | | 1 . | |
| If change of ownershi and address of previo | | eneral An | merican | Oil Co. c | of Texas | , P. O. E | 30x 128, | Loco Hil | ls, NM | 88255 |
| DESCRIPTION OF | WELL AND | LEASE. | | | | | Kind of Lease | | | |
| Graybu | rg-Jack. WF | U/ 3 | Gray | me, Including Fo burg-Jacks | son Prem | ier Sand | | or F•• Fed | eral | LC-053259-A |
| Location J Unit Letter | 2310 |) Feet F | rom The | SouthLin | | | _Feet From T | Eas | t | |
| Line of Section | 28 T. w | mship | 17 - S | Range | 30- | -Е , ммрм, | | Edd | У | County |
| DESIGNATION OF | TRANSPORT | ER OF OI | | | S | ···· | | | · · · · · · · · · · · · · · · · · · · | - 11 |
| Name of Authorized Transporter of CII \(\sum \) or Condensate \(\sum \) Navajo Refining Company \(-\text{Pipeline Division} \) Name of Authorized Transporter of Casinghead Gas \(\sum \) or Dry Gas \(\sum \) | | | | | P.O. F | 3ox 159 | antesia, | New Mex | ico 88 | 3210 |
| Name of Authorized Tra | ansporter of Cas | indueam Gas | | 1) Gus [| Noc. (33 0 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | , | |
| If well produces oil or give location of tanks. | liquids, | Unii S | • | 7p. Rge. 17S 30E | Is gas actu NO | ally connected | d? Whe | n | | |
| If this production is c | | h that from | any other l | lease or pool, | give commi | ngling order | number: | | | |
| Designate Type | | | Oil Well | Gas Well | New Well | Workover | Deepen 1 | i Plug Back I | Same Res | i'v. Diff. Resiv. |
| Date Spudded | | Date Compl. | Ready to F | Prod. | Total Depti | 1 | | P.B.T.D. | . | |
| Elevations (DF, RKB, | RT, GR, etc.j | Name of Pro | ducing For | motion | Top Oil/Gas Pay Tubing Depth | | | | | |
| Perforations | | | | | | | | Depth Casir | ig Shoe | |
| | · | | TUBING. | CASING, AND | CEMENTI | NG RECORD |) | <u> </u> | | |
| HOLE SI | ZE | CASIN | G & TUB | | | DEPTH SE | | SA | ACKS CEM | IENT |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TEST DATA AND I | REQUEST FO | R ALLOW | ABLE (| Test must be a | ler recovery | of total volum | ie of load oil o | nd must be e | qual to or e | exceed top all- |
| OIL WELL Date First New Oil Ruit | | Date of Tes | | able for this de | | | pump, gas liji | , etc.) | Ø. | 3 |
| Date 1 1.21 No. 4 Chi 11.21 | | | | | | | | Choke Size / A | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | | Transition of the state of the | | | | |
| Actual Prod. During Te | • t | OII-Bble. | | | Water-Bbls. | | Goa-MCF 1 Co | | | |
| GAS WELL | , | | | | | | | `\ | | W . |
| Actual Prod. Test-MC. | F/D | Length of To | •=1 | | Bbis. Cond | enegte/MMCF | | Gravity of C | Conden de | |
| Teeting Method (publ. | back pr./ | Tubing Pres | •w• (Shut | -1n) | Cosing Pre | ••w• (sbut- | in) | Choke Size | | |
| CERTIFICATE OF | COMPLIANC | E | | | | | NSERVAT | | SION | |
| hereby certify that t | the rules and re | egulationa o | f the Oil | Conservation | APPRO | | JN 2 8 19 | 83 | | 19 |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | BYOriginal disc | | | | | | | |
| | • | • | _ | | TITLE | Lestie / Supervi | isor District II | | | |
| | / | 0 | | | This | form is to | to filed in c | ompliance * | with mult | 1104. |
| Lendell N. Hawkins (Signature) | | | If this is a request for allowable for a newly drilled or despens- | | | | | | | |
| | | | | tests taken on the well in accordance with RUCE iti. | | | | | | |
| Field Superintendent (Tule) | | | | All sections of this form must be filled out completely for allowable on new and recompleted wells. | | | | | | |

(Dute)

