

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

OCT 1 1980

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.U.B.	1
LAND OFFICE	
TRANSPORTER	1
OPERATOR	1
PRODUCTION OFFICE	
Clerical	

Lucille F. McKinley ✓

Address

P. O. Box 2145 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (If none, write "None")

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-1-80
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

If change of ownership give name and address of previous owner: W. H. McKinley P. O. Box 2145 Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Case Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Artesia Petroleum Co.	3	Square Lake G-SA	State, Federal or Fee Federal	LC029339E
Location				
Unit Letter	B	660'	Feet From The N Line and 1980'	Feet From The E
Line of Section	1	Township 17S	Range 30E	NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co. Pipe Line Div.	N. Freeman Ave. Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	B 1 17S 30E
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/18/80	8/8/80	3150'	3138'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3750.9 GR	Premier	3054'	3114'					
Perforations			Depth Casing Shoe					
3054' - 3060' (7 holes)			3147'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	371'	225 Sx "C" Circ.
7 7/8"	4 1/2"	3147'	1900 Sx "C" & H/L
	2 7/8"	3114'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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.)	
8/18/80	8/18/80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	None	None	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
16.6 Bbls	8.3	8.3	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED OCT 6 1980

BY W. A. Gussert
TITLE SUPERVISOR, DISTRICT II

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

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 allowable on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in recompleted wells.

Lucille F. McKinley
(Signature)

Operator

(Title)

September 26, 1980

(Date)