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TRANSPORTER	OIL <input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SPYsedes Old C-104 and C-110 Effective 1-1-65
FEB 21 1984
O. C. D.
ARTESIA, OFFICE

Fulton	Box 1121	Artesia, New Mexico
() for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/>	Change in Transporter of:	
<input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Signature of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Self State "B" State	3	Square Lake Graybury-San Antonio	State, Federal or Fee State	B-11662-0
Location				
Well Letter D	330	Feet From The North	Line and 330	Feet From The WEST
Range of Section 3	Township 17	Range 4 19	NMPM,	EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)					
New Mexico Pipeline Co. (Hobbs Lst.)	P.O. Box 2528, Hobbs, N. M. 88240					
Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Inc.	P.O. Box 1267, Ponca City Oklahoma 74603					
Unit produces oil or liquids, or production of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	9	3	27	29	Yes	January 20, 1984

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Drilled	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-14-83	1-20-84		2585' 2320'					
Sections (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3615' GA	Lovington - Premier		Meter		2450'			
Sections 2444, 2446, 2525, 2527, 2529, 2531					Depth Casing Shoe			
2322, 2324, 2327, 2329, 2350, 2353, 2358, 2367, 2400, 2402, 2434, 2436, 2438					2585'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 "	8 5/8 "	135'	92
7 7/8 "	5 1/2 "	2150'	See C-103
	2 3/8	2450'	

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.)	
1-24-84	1-24-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	40 pds		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
30	10	30	35

WELL

Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
[Name]
(Title)
2-15-84
(Date)

OIL CONSERVATION COMMISSION
FEB 23 1984

APPROVED _____, 19

Original Signed By

BY Leslie A. Clements

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 condition.

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