	NO OF CORES PECSINGS								
	DISTRIBUTION		62						
	SANTA FE	4		NEW MEXICO					
				REQ					
	FILE	1/-							
	U.S.G.S.	.			A	JTHOR	RIZ	ATIC	DN TO
	LAND OFFICE	-	1,1						
	TRANSPORTER	GAS	14	\dashv					
	00501700	GAS	15						
	OPERATOR								
I.	PRORATION OFF	ICE							
	Operato.				_ 1 Y	r mad		;	
	Address			J	onn r	l. Tri	88		
	Address			_			. n		E 20
	0 (-) ((:):	(C1 1)			OSE (ffice	B	ОХ	520,
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:								or of:
	New Well	H			011	-	i i dii	sport	er or: }
	Recompletion	H			-			_]
	Change in Ownership Casinghead Gas]
	Empire J Fe	<u>ed.∉ %⊹</u> P			C-066	eet From		. 1	
	Unit Letter		_ i		nship				
	Line of Section	1_		104	nemp.	10 .	<u>30u</u>	CII	
III.	DESIGNATION O	F TR	ANSP	ORT	ER OI	or Co	ANI	NA sate	TUR
	Continenta								
	Name of Authorized	Transp	orter of	Cas	inghead	Gas XX	- (or Dry	/ Gas
	Phillips Petroleum Company								
	If well produces oil					Sec.		Twp	• [
	give location of tan	ks.	,		P	1 :	1	18	S
IV.	If this production i		ningle	i wit		rom any	oti		
	Designate Type of Completion - (X)								
	Date Spudded			-	Date C	ompl. R	eady	to P	rod.
	Elevations (DF, RK	B, RT,	GR, et	c.,	Name	of Produ	cing	Form	nation
	†				1				

(Title) MARCH 8, 1966

(Date)

OIL CONSERVATION COMMISSION UEST FOR ALLOWABLE

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

FILE /-	AND					
AND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
AND OFFICE		RECEIVED				
RANSPORTER GAS /		44m 4 4 4006				
PERATOR CONTROL OF THE PERATOR OF TH		MAR 1 1 1966				
erator		D. C. C.				
J dress	ohn H. Trigg	ARTESIA, OFFICE				
	ost Office Box 520, Rosw	well, New Mexico 88201				
ason(s) for filing (Check proper box)		Other (Please explain)				
exw We'll	Change in Transporter of: Oil Dry Gas	FOR INFORMATION: TO CHANGE LEASE DESIGNATION PER OCC MEMO DATED				
nange in Ownership	Casinghead Gas Conden					
change of ownership give name						
d address of previous owner						
ESCRIPTION OF WELL AND I	LEASE Lease No. Well No. Pool Nar	me, Including Formation Kind of Lease Federal				
	C-066445 1 Red 1	Lake Grayburg San Andres State, Federal or Fee				
peation		245 Fact				
Unit Letter P; 990	Feet From The South Lin	ne and 365 Feet From The East				
Line of Section 1 Tow	waship 18 South Range	26 East , NMPM, Eddy Cou				
ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs				
ame of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Continental Pipeline Come of Authorized Transporter of Cas		Post Office Box 410, Artesia, N. M. 882 Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Com		Bartlesville, Oklahoma				
well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When				
ve location of tanks.	P 1 18S 26E	YES January, 1962				
his production is commingled wit DMPLETION DATA	th that from any other lease or pool,					
Designate Type of Completion	on - (X)	New Well Workover Deepen Plug Back Same Resty. Diff. F				
ate Spudded	Date Compl. Ready to Prod.	Total Depth P.B.T.D.				
		Top Ot/Gas Pay Tubing Depth				
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth				
Perforations	<u> </u>	Depth Casing Shoe				
	TIPNIC CACING AN	D CEMENTING DECORD				
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET SACKS CEMENT				
11022 0122						
EST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load oil and must be equal to or exceed top				
Oute First New Oil Run To Tanks	able for this d	Producing Method (Flow, pump, gas lift, etc.)				
Said I find they Off trail to Laura						
ength of Test	Tubing Pressure	Casing Pressure Choke Size				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls. Gas-MCF				
·						
AC WET Y						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gravity of Condensate				
		Craing Pressure Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure Choke Size				
ERTIFICATE OF COMPLIAN	NCE	OIL CONSERVATION COMMISSION				
		APPROVED . 19				
hear complied	regulations of the Oil Conservation with and that the information giver	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
bove is true and complete to th	ne best of my knowledge and belief	. BY				
\	- 7	TITLE This form is to be filed in compliance with RULE 1104.				
) 1 ,11/	_ / •					
form I I.	Jugg	If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the de				
	nature)	tests taken on the well in accordance with RUCE it.				
OW OW	NER	All sections of this form must be filled out completely for				

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.