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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE		AND	
U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRA	NAME OF THE AND NATURA	AL GAS
I RANSPORTER GAS	MAR 2 19	173	
OPERATOR PROPATION OFFICE	WAN 2 10		
Nelson T. Pope I	Heavy Equipment []. C. C.	FICE -	
Address Box 753, Artesi	a, New Mexico 88210		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas		0
Change in Ownership	Casinghead Gas Conden	sate from The 1	Permian Corp.
If change of ownership give name and address of previous owner	Pope & Burrows, Box	753, Artesia, New M	<b>9X160 00210</b>
DESCRIPTION OF WELL AND	LEASE Training Formation F	ematten Kind of	Lease No.
Lease Name Williams	Well No. Pool Name, Including Fo Dayton Grayb	Jilliatio	ederal or Fee Pate
Location B 990	Feet From TheLin	<b>2623</b> e and Feet	From The
Unit Letter	189	26 <b>R</b> , NMPM,	<b>Bddy</b> County
Line of Section	wnship Hange		
Name of Authorized Transporter of Oll	or Condensate	Address (Give address to which	approved copy of this form is to be sent 882:
Navajo Crude 011 Puro	chasing Co.	1	approved copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas		
If well produces oil or liquids,	Unit Sec. 18 26	Is gas actually connected?	When 
give location of tanks.		give commingling order numbe	r:
If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,		- Diff Book
Designate Type of Completi	on - (X)	New Well Workover Deer	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Lievations (DF, KAB, KI, GK, etc.)			Depth Casing Shoe
Perforations			
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
A A A A A A A A A A A A A A A A A A A	FOR ALLOWARIE (Test must be	after recovery of total volume of l	oad oil and must be equal to or exceed top all
. TEST DATA AND REQUEST I	able for this d	lepth or be for full 24 hours)  Producing Method (Flow, pump	
Date First New Oil Run To Tanks	Date of Test	bloddered Matting (r somt haush	· - · · · · · · · · · · · · · · · · · ·
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
Addition 1 (and page 1)			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE		ERVATION COMMISSION
		MAR 8	
I hereby certify that the rules and Commission have been complied	d regulations of the Oil Conservation I with and that the information given the best of my knowledge and belief	1/1	Dussett
above is true and complete to t	He nest of my whomas and a second	TITLE OIL AND GAS	INSPECTOR

Accountant (Signature) (Title) 3-2-73

(Date)

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