STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	OIL CONSERVA P. O. BO SANTA FE, NEW REQUEST FOR AUTHORIZATION TO TRANSF	X 2088 MEXICO 87501 A R ALLOWABLE ND	RECEIVED PR 1 5 1983 O. C. D. IRSNS OFFICE	Form C-104 Revised 10-1-78
Ralph Nix	/			
Address	Artesia N.M. 88210	2		~
P.O. BOX 617 Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Artesia, N.M. 8821(Change in Transporter of: OII Dry Gas Casinghead Gas Conden	• Other (Please es)		asinghead Gas
If change of ownership give name and address of previous owner			<u></u>	
DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	crmation Ki	nd of Lease	Lease No.
Leose Name Fikes	1 Atoka/Glorie	S.	ite, Federal or Fee	Fee
Location Unit Letter <u>C</u> : <u>33(</u>	Feet From The North Line	• and2045F	eel From The <u>Wes</u>	;t
	wnship 185 Range	26Е , ММРМ,	Eddy	County
	TER OF OIL AND NATURAL GA	s		
Nome of Authorized Transporter of Cil	I X or Condensate	Address [Give dudress in th		
Navajo Crude Oil Purchasing Co. Name of Authorized Transporter of Cosinghead Gas (2) of Dry Gas		<u>P.O. Box 175 Artesia N.M.</u> Address (Give address to which approved copy of Itis form is to be sent) 4 Homes Savings & Loan, Bartlesville, OKLA		
Phillips Petroleum If well produces oll or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 35 188 26E	ls gas octually connected? YES	^{When} 4/14/83	74004
If this production is commingled wi COMPLETION DATA	ith that from any other lease or pool,		mber:	Same Resty. Diff. Resty.
Designate Type of Completin	on - (X)	New Well Workover	Deepen Plug Back	
Date Spuddod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing De	pth
Perforations			Depth Cas	ing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	1 	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		ACKS CEMENT
	-			
]
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of able for this de	pth or be for full 24 hours)		equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pi	imp, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Siz	•
Actual Prod. During Test	011-Bbls.	Water-Bbls.	Gas-MCF	
		1		
GAS WELL Actual Fred. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of	Condensate
Teeling Method (pitot, back pr.)	Tubing Presews (shat-in)	Cosing Pressure (Shut-in) Choixe SIX	•
CERTIFICATE OF COMPLIAN	CE		SERVATION DIV	ISION
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVEDOriginal Signed By BYLoslie A. Clements TITLESupervisor 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.		
(Tule) April 14, 1983 (Doire)		All sections of this form must be filled out completely for allow- able 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 filled for each pool in multiply completed wells.		