DISTRIBUTION			
SANTA FE		Supersedes Old C-102 and C-103	
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65	
U.S.G.S.	FEB 1 8 1970		
		5a, Indicate Type of Lease	
OPERATOR ,		State Fee	
	ARTEELA, OFFICE	5, State Cil & Gas Lease No.	
		<u>z-2123</u>	
(DO NOT USE THIS FORM FOR PROFOS)	NOTICES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS)		
OIL GAS WELL	OTHER-	7. Unit Agreement Name	
2, Name of Operator	. /	8. Farm or Lease Name	
Address of Operator		Gulf 26 St.	
OA 17, Artesia,	ew exico 210	9. Well No. 1	
Location of Well		10, Field and Pool, or William	
UNIT LETTER 1340	FEET FROM THE	-rt es ia	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
	35to Cround Level	Biddy AllIIIII	
	ropriate Box To Indicate Nature of Notice, Report or	Other Data	
NOTICE OF INTE		ENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.		
		PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT 108	فنيا	
PULL OR ALTER CASING			
OTHER	CHANGE PLANS CASING TEST AND CEMENT JOB		
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отнея 7. Describe Proposed or Completed Operati work) SEE RULE 1103,	OTHER		
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DISTRIBUTION		Form C-103
	20 S C E I 10 10 10	Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE /-		Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State 🗶 🛛 Fee
OPERATOR 4		5. State Oil & Gas Lease No.
· · · · · · · · · · · · · · · · · · ·		E-2123
(DO NOT USE THIS FORM FOR PROP USE "APPLICATIO	NOTICES AND REPORTS ON WELLS DEALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. N FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.	
1. OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Form gr Lease Name
Relph Nix and Jerry 3. Address of Operator	Galf 26 St.	
P. O. Box 617, Artes	sia, New Mexico 88210	1
UNIT LETTER 156	60 FEET FROM THE EAST LINE AND 1060	10. Field and Pool, or Wildcat Artesia
THE DUILD LINE, SECTION		м ^{рм.} Д]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3560 Ground Level	Eddy
NOTICE OF INT	DEPROPRIATE Box To Indicate Nature of Notice, Report or ENTION TO: SUBSEQU	Other Data ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗶 REMEDIAL WORK	ليـــا
TEMPORARILY ABANDON		ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT ION	PLUG AND ABANDONMENT
OTHER	OT HER	
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NO. OF COPIES RECEIVED 5	-1	·					
DISTRIBUTION		CONSERVATION COMMISSION	Form C-104				
SANTA FE	REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C AND Effective 1-1-65					
FILE /-							
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAI	L GAS				
TRANSPORTER OIL /			RECEIVED				
GAS / OPERATOR /			REGEIVED				
I. PRORATION OFFICE			May 9 tong				
Operator Dalah Min and	tomme Count to						
Ralph Nix and Address	Jerry Cartis						
P. 0. Box 617.	Artesia, New Mexico						
Reason(s) for filing (Check proper bo	x)	Other (Please explain)					
New Well	Change in Transporter of:	To Show Trans	orter of Gas				
Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde						
If change of ownership give name and address of previous owner							
II. <u>DESCRIPTION OF WELL AND</u>	LEASE						
Lease Name	Well No. Pool Name, Including F	formation Kind of Le	ease State Lease No.				
Gulf 26 State	1 Artesia	State, Fed	leral or Fee E-2123				
Location .	A 54-14						
Unit Letter 0 ; 156	OFeet From The East Lir	ne and 1060 Feet Fro	om The South				
Line of Section 26	ownship 18 South Range 27	East NMPM,	Eddy County				
Letter and the second		· · · · · · · · · · · · · · · · · · ·					
II. DESIGNATION OF TRANSPOR Name of Authorized Transporter of O	TER OF OIL AND NATURAL GA	15	proved copy of this form is to be sent)				
Continental Oil Compan							
Name of Authorized Transporter of C	asinghead Gas 💽 – cr Dry Gas 🗍	Address (Give address to which ap	a. New Maxico proved copy of this form is to be sent)				
Phillips Petroleun Cor	poration	Bartlesville, Oklahos					
If well produces oil or liquids,	Unit Sec. Twp. Rge. 0 26 188 27E	Is gas actually connected?	When				
give location of tanks.	o 26 185 27E	Yes	November, 1960				
If this production is commingled w IV. <u>COMPLETION DATA</u>	ith that from any other lease or pool,	give commingling order number:	······································				
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Dute Compt. Heddy to Prod.	lotal Depth	P.B.1.D.				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
· ··· ··· ··· ··· ··· ···	TUBING CASING AN	D CEMENTING RECORD	l				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			·				
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top aliou				
OIL WELL	able for this de	epth or be for full 24 hours)	·				
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF				
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI. CERTIFICATE OF COMPLIAN			VATION COMMISSION				
I. CERTIFICATE OF COMPLIA	ICE .	MAY 2	1966				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY MLamustrerie					
				· · · ·			
				A.J. Willi	Aur-		in compliance with RULE 1104.
(Sig	nature)	mall this form must be accord	lowable for a newly drilled or deepene mpanied by a tabulation of the deviation				
Office-Manager		tests taken on the well in ac	must be filled out completely for allow				
	îitle)	able on new and recompleted	wells.				
April 29, 1966	Date,	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.					
1		Separate Forms C-104 n	nust be filed for each pool in multiply				
		Real Alian Hara					