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NO. OF COPIES REC	EIVED	6	$\neg$	+								
DISTRIBUT	ОИ				NEW ME	XICO OIL C	ONSERVA	TION COM	MISSION		Form C-104	
SANTA FE		1				REQUEST						ld C-104 and C-116
FILE		1	_				AND	· · · · · · · · · · · · · · · · · · ·	-	85	Effective 1-1-	-65
U.S.G.S.				AUTHOR	RIZATIO	ON TO TRA		OIL AND	NATHR	AL GAS	CEIV	ED
LAND OFFICE								· · · · · ·				
TRANSPORTER	OIL	1								511	N 1 3 196	20
TRANSPORTER	GAS	1									18 4 7 196	39
OPERATOR	· · · · · ·	2								r	1 em	
PRORAT S OF	FICE			O. C. C. ARTERIA, OFFICE								
Operator		<del>}</del>					<del></del>				CA, OFFIC	<b>; a</b>
DEPCO, Inc	· ·											
Address												
800 Centra	.1, Od	.essa	a, Ter	as 797	760							
Reason(s) for filing				<del> </del>				Other (Plea	se explain	.)		·
New Well				Change in	Transport	er of:						
Recompletion				Oil	Σ	Dry Ga	s $\square$					
Change in Ownershi				Casinghead	i Gas	Conden	sate					
If change of owner and address of pre	vious ov	ner _			· · · · · · · · · · · · · · · · · · ·							
Lease Name	71 1122	131	D DLI	Well No.	Pool Name	e, Including Fo	ormation		Kind of	Lease		Lease No.
Artesia Un	it			34	Artes	ia Queer	n Gravb	ura SA	State, F	Federal or Fee	State	B-8814
Location								<u> </u>				—, <del>D OOT</del> I
Unit Letter	В	<u>330</u>		Feet FM	rth_	Lin	e and 231	0	Feet	From The	East	
Line of Section	2		Township	18	}	Range	28	, NMF	РМ,		Eddy	County
DESIGNATION O	F TRA	NSPO	RTER	OF OIL A	AND NA	TURAL GA						
Name of Authorized	Transpo	rter of	O17 💢		ndensate			ive addres	s to which	approved copy	of this form is	to be sent)
Navajo Ref	ining	Con	ipany,	Pipe	Line	Division	l Art	esia,	New Me	exico		
Name of Authorized	Transpo	rter of	Casinghe	ad Gas 💢	or Dry	Gas 🗀	Address (C			approved copy	of this form is	to be sent)
Dhilling D			0				0.3	_				

Lease No. B-8814 State ast ddy County H his form is to be sent) his form is to be sent) Phillips Petroleum Corporation Odessa, Texas Unit Sec. P.ge. Is gas actually connected? When If well produces oil or liquids, 18 !2 give location of tanks. Yes 9-1-60 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. New Well Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth **-**5 Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Choke Size Length of Test Oil-Bbls. Water-Bbis. Gas - MCF Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Cosing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in ) Choke Size

VI. 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 above is true and complete to the best of my knowledge and belief.

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XXI	ki	1		
		~	(Signature)	

Chief Production Clerk

(Title) June 20, 1969

(Date)

OIL CONSERVATION COMMISSION

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APPROVED.	$\mathcal{A}$	<del></del>			, 19_
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CH. REG GAS INSPECTOR

TITLE \_

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 tosts 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