NO. OF COPIES RECEIVED				Form C-1(4	
DISTRIBUTION	NEW MEXICO OIL CON	SERVATION COMMIS		Supersedes Old	C-104 and C-11
SANTA FE		R ALLOWABLE		R Effective 1-1-05	
FILE		AND	ATHRAL GAS		
U.S.G.S.	AUTHORIZATION TO TRANS			المانية أستركيه أناس	naul
LAND OFFICE				FEBILI	U1010
TRANSPORTER OIL				بندر	
GAS		JUN 1 196	6		
OPERATOR	ý	JOM T 120	U .	ACC 2010 - 1.7	
PRORATION OFFICE	1	000		CO, Inc.	
Operator	L	O. C. C.		iite 204	
		ARTESIA, OFFIC	First Nation	nal Bank Building	
Address	A Marian		Artesia, Ne	w Mexico 88210	
P. 0. Box 427,	Artesia, New Mexico	Other (Please			
Reason(s) for filing (Check proper box)	an is memory of t				
New Well	Change in Transporter of:				
Recompletion		rte l			
Change in Ownership X					
	P Q	Box 427. Arte	esia. New M	exico	
and address of previous owner	nternational-Yates, P. O.	, DOX 1273 711 0.			
DESCRIPTION OF WELL AND I		, Including Formation		ind of Lease	
Lease Name	Q Arton	ia,Queen Grayb	ura S ^{A s}	tate, Federal c · Fee	Federal
Dunn B Tr. 1					
Location	60 Feet From The South Line of	1980	Feet From The	East	
Unit Letter 0 ; 66	<u>50</u> Feet From The <u>SOUTN</u> Line of	and			
		28 , NMPM		Eddy	County
Line of Section 12 Tow	vnship 18 Bange				
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address	o which approved	copy of this form is	to be sent)
Name of Authorized Transporter of Oli					
Texas New Mexic Name of Authorized Transporter of Cas	o Pipe Line	Midland, Address (Give address	to which approved	copy of this form is	to be sent)
	studieda das 🕰				
Valley Gas Corp	oration	Artesia, Is gas actually connect	ed?	J	
If well produces oil or liquids,	omit boot i o	Yes		January, 19	57
give location of tanks.					
If this production is commingled wi	th that from any other lease or pool, g	ive comminging orde			
COMPLETION DATA	Oil Well Gas Weli	New Well Workover	Deepen	Plug Back Scme Re	s'v. ' Diff. Res I
Designate Type of Completion		. 1		k 1	1
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Date Spudded	Date Compl. Heady to I four				
	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Fernation				
		L		Depth Casing Shoe	
Perforations					
	TUBING, CASING, AND	CENENTING RECO	RD		
	TUBING, CASING, AND	Califarentico na c	SET	SAC (S CE	MENT
		DEPTH S		SAC (S C	
HOLESIZE	CASING & TUBING SIZE	DEPTHS			
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					r exceed top a
		jter recovery of total vo	lume of load oil as	nd must be equil to o	r exceed top a
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a) able for this de	jter recovery of total vo	lume of load oil as	nd must be equil to o	r exceed top a
TEST DATA AND REQUEST I		DEPTH S	lume of load oil as	nd must be equil to o	r exceed top a
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MAY 2 7 1955 (Date)

	able on new	and recomple	ted wells,	i i i i i i i i i i i i i i i i i i i
	Fill out	only Section	s I, II, III, and insporter, or othe	VI for changes of owner.
4	well name of	Tumor, C.10	4 must be filed	I for each pool in multicity