NO. OF COPIES REC	15		
DISTRIBUTION		_	
SANTA FE		,	
FILE -			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS	7	
OPERATOR			
PRORATION OF			
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	FILE		AND		Effective 1-1	-65	
	U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND	NATURAL GA	S	_	
	OIL /	 		RE	CEIVE	D	
	TRANSPORTER GAS /						
	OPERATOR /				CT 19 1966		
i.	PRORATION OFFICE	 		C	(C) () (3.2.5)		
	Operator				C. C. C.		
	RYDER SCOTT MANAGEMENT COMPANY ARTEDIA, ET						
Address							
	Reason(s) for filing (Check proper b	reet, Wichita Falls, Ter					
	New Well	Change in Transporter of:	Other (Please	e explain)			
	Recompletion	Oil Dry C	Gas 🗀				
	Change in Ownership X		lensate				
	•						
	If change of ownership give name and address of previous owner	Water Flood Associate	s, Inc., 4505 Re	epublic Nat	'l Bank Tow	/er	
		Dallas, Texas					
II.	DESCRIPTION OF WELL AND Lease Name	Weil No. Pool Name, Including	Formation	Kind of Lease			
	State B 12-11-594	8-16 Artesia quee		State, Federal or	Fee State	B-11594	
	Logetton	•	San Andres	0.0.0, 1 0.0.0.	. se Diate		
	I :			Feet From The	w		
	,	. set i ioni i ne	ine and	restriom The			
	Line of Section 13	Cownship 185 Range	28E , NMPM	<u>. </u>	\mathbf{Eddy}	County	
III.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	Address (Give address t	o which garaged		- I	
			•			to be sent)	
	Texas New Mexico F	Casinghead Gas Or Dry Gas	Box 1510, M. Address (Give address t	o which approved	copy of this form is	to be sent)	
	Phillips (4)	et Co.		4	., .,	,	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	d? When			
	give location of tanks.	12:13:18:28	Zes	1			
***	If this production is commingled v	with that from any other lease or pool	, give commingling order	number:			
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen P	lug Back Same Re	sfv. Diff. Resfv.	
	Designate Type of Complet	cion = (X)			i i	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P	.B.T.D.	1	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	T	ubing Depth		
	Perforations				epth Casing Shoe		
			[-	spin dasing bilds			
Ì	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	Т	SACKS CE	MENT	
						 	
v	TEST DATA AND PROUEST 1	FOR ALLOWARIE (Test must be	-4				
٠.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, e	ic.)		
}	Length of Test	Tubing Pressure	Casing Pressure		1. 2.		
	Langui of Tabl	Tubing Pleasure	Cosing Pressure		hoke Size	j	
ŀ	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	G	se - MCF		
•							
r	GAS WELL	<u> </u>	7-:				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gr	avity of Condensate		
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	ia) C	noke Size		
		(523,22)		,	ione disc		
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL C	ONSERVATION	ON COMMISSIO		
				1933		, ,	
]	hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	//		19	
	commission have been complied above is true and complete to the	with and that the information given se best of my knowledge and belief.	BY W. ac	Gresse.	#	,	
	Ryder Scott Management Company		717 - 618 8518 4				
	// ("	THEE VIL AND GAS INSPECTING					
	17 Oly	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
-	G. F. Sawdy (Sign	nature)	well, this form must tests taken on the w	pe accompanied	by a tabulation o	f the deviation	
	Agent	\sim	tests taken on the w	ell in accordance	e with RULE 111	1•	

(Title)

Oct. 13, 1966

(Date)

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 completed wells.