## NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE I.

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FILE //-			AND			Effective 1-1-6.	3
U.S.G.S.	_ AUTHOR	IZATION TO	TRANSPOR	T OIL AND NAT	TURAL GA	SRECEIL	ED
LAND OFFICE				,			
TRANSPORTER OIL				Г	¥ /		٠.٠٠
GAS				'		JUL 1 5 1	<b></b>
OPERATOR #							
PRORATION OFFICE						O. C. C	<b>*</b>
Operator						ARTESIA, OF	ត្តពេល
Mercury Produ	iction compan	ıy					
		Daul. D14	C 14-		7/100		
1521 Fort Wor Reason(s) for filing (Check proper ba		Bank Blag	., FORT WO	Other (Please exp			
New Well	·	ransporter of:			,		
Recompletion	Oil	· —	Ory Gas	Change of Effective	Operato	or 1 1065	
Change in Ownership	Casinghead (	=	Condensate	Ellective	Whili	1, 1905	
				<del></del>			
If change of ownership give name	Previous	operator	- Frank Da	arden, Fort N	Worth.	Texas	
and address of previous owner	.,,,,,,,,,	opo: acoi	1141111 20			- CAUS	~
. DESCRIPTION OF WELL AND	LEASE						
Lease Name	, LL. IOL	Well No. Po	ool Name, Includ	ing Formation		Kind of Lease	
Travis		1	Artesia			State, Federal or Fee	ederal
Location				-			040,4.
Unit Letter 0 ;	562 Feet From 7	rhe South	I ine and	1930 F	eet From Th	<sub>le</sub> East	
Out Letter	reet rom	. ne	Gine dia	·	eet I folii I i		
Line of Section 13 , T	ownship 185	Rang	• 28E	, NMPM,	Eddy		County
					<b>-</b>		
. DESIGNATION OF TRANSPO	RTER OF OIL A	ND NATURA					
Name of Authorized Transporter of O		lensate 🔲	[			d copy of this form is to	be sent)
Continental Oil Comp	•			esia, New Mex			
Name of Authorized Transporter of C	asinghead Gas	or Dry Gas	Address	(Give address to wh	hich approve	d copy of this form is to	be sent)
-				<b></b>			
If well produces oil or liquids,	Unit Sec.	Twp. Rg		ctually connected?	When		
cive location of tanks.	P 13	185 2	8E	No	1		
If this production is commingled w	vith that from any o	other lease or	pool, give com	mingling order nur	mber:	-	
. COMPLETION DATA							
Designate Type of Complet	ion (Y)	Well Gas W	lell   New Well	l   Workover   D	Deepen	Plug Back   Same Res	v. Diff. Res
		<u>f</u>					l 
Date Spudded	Date Compl. Read	dy to Prod.	Total De	pth:		P.B.T.D.	
Pool	Name of Producir	ng Formation	Top Oil/	/Gas Pay		Tubing Depth	
						Death Cartine Share	
Perforations						Depth Casing Shoe	
		NING CASING	AND CENEN	TIME DECORD			
1101 5 5175		TUBING SIZE		DEPTH SET		SACKS CEM	
HOLE SIZE	CASING &	TUBING SIZE	-	DEPTH 3ET		SACKS CEM	ENI
							•
THE CONTRACT AND DECLIFE CONTRACT	EOD ALLOWARI	F (7.				T	
. TEST DATA AND REQUEST I	TUR ALLUWABL	able for t	ı ve ajter recove his depth or be f	ery of total volume o for full 24 hours)	oj ioaa oil an	a must be equal to or e:	rceed top allo
Date First New Oil Run To Tanks	Date of Test		Producin	ng Method (Flow, pu	mp, gas lift,	etc.)	
Length of Test	Tubing Pressure		Casing F	ressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.		Water - B	bls.		Gas-MCF	
·					<u> </u>		
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bbls. Co	ondensate/MMCF		Gravity of Condensate	
<u>.</u>							
Testing Method (pitot, back pr.)	Tubing Pressure		Casing F	ressure		Choke Size	
				· · · · · · · · · · · · · · · · · · ·			
CERTIFICATE OF COMPLIAN	NCE			OIL CON	ISERVAT	ION COMMISSION	1
				1911	1 5 1965	)	•
I hereby certify that the rules and	l regulations of the	Oil Conserva	ution   APPR	OVED JUL	* /		19
Commission have been complied	with and that the	information g	iven	MECH	7.		
above is true and complete to the	ne best of my know	wiedge and be	liet. BY	1/2/17/16	120119	76e	
			∭ TITLE	<u> </u>	OAR HERPI	EG / <b>90</b>	
7							
CW Strenk	Man.					mpliance with RULE	
I w tuend	vour.		If	this is a request	for allowal	ble for a newly drille	d or deepene

(Signature)

Manager of Operations (Title)

July 12, 1965

(Date)

well, this form must be accompanied by a tabulation of the deviation tests 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 Sections I, II, III, and VI only 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.

year of the second of the first

in the state of th

unico (di posti il caretti più ci anni prografio e lacci troppi il colori

risum f I vision si