NO. OF COPIES RECEIVED			
DISTRIBUTIO			
SANTA FE	1		
FILE	/-		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR	2		
DRODATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED 'AUG 2 3 1965 O. C. C. Mercury Production Company 1521 Fort Worth National Bank Building, Fort Worth, Reason(s) for filing (Check proper box) exas 76102 Other (Please explain) Texas Change of operator effective April 1, New Well Change in Transporter of: 1965 and change of well designation Oil Dry Gas Recompletion effective July 1, 1965 Well #2-Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ Previous operator - Frank Darden, Fort Worth, Texas II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee State 201 Artesia Cowtown Unit 330 Feet From The South Line and 330 Feet From The West Unit Letter , NMPM, Eddy Range 28E , Township 185 Line of Section 13 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Continental Oil Company Artesia, New Mexico Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 0klahoma Bartlesville, Phillips Petroleum Company Is gas actually connected? Sec. Rae. Twp. If well produces oil or liquids, 18\$ August, 1964 Yes 13 28E give location of tanks. Κ If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Workover Oil Well Gas Well New Well Designate Type of Completion - (X) P.B.T.D Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water-Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure Tubing Pressure Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION SEP 1 4, 1965 19

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.

C. W.	Sean Loffed	
	(Signature)	

	(Signature

Manager of Operations (Title)

August 19, 1965

(Date)

APPROVED Inudrena

COL AND BASTESPECTOS

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 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. Series a Forma C-10 t must be fill differ each profit completed wells.