	ANTAFE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65
	AND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL RECI	EIVED
ĩ	OPERATOR PRORATION OFFICE		OCT 2	2 2 1975
•	Operator	ALS CORPORATION V	٥.	C. C.
	Address ARTEBIA, UFFICA			
	Petroleum Building - Tower Suite, Roswell, New Mexico & Boyd Operating (Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Recompletion Change in Ownership	Change in Transporter of: Gil Dry G Casinghead Gas Conde		tor - Request for
	If change of ownership give name and address of previous owner			
11	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Kind of Lease Lease No.			
	State C	8 Artesia Quee	en Gbg SA State, Fed	eral or Fee State E-1287
	Unit Letter H ; 165	50. Feet From The N Li	ne and 990 Feet Fro	m The
	Line of Section 14 To	waship 18S Range 28	8E , NMPM, Ed	dy County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G		
	Name of Authorized Transporter of Oil Navajo Crude Oil H	Purchasing	Address (Give address to which app Box 175, Artesia,	proved copy of this form is to be sent)
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	$\begin{array}{c c} Unit & Sec. & Twp. \\ \mathbf{A} & 14 & \mathbf{18S} & \mathbf{28E} \end{array}$	Is gas actually connected?	when .
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: <u>CTB 89</u>			
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 2622	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay 2410	Tubing Depth
	Perforations 2410-18 2531-38 2582-86 2591-2600 Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, ANI CASING & TUBING SIZE	D CEMENTING RECORD	SACK5 CEMENT
		7/1	2385	
		4 1/2" liner	2340-2622	50
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load o	i il and must be equal to ar exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	able for this de Date of Test	pich or be for full 24 hours) Producing Method (Flow, pump, gas	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Wotter-Bbia.	
	Actual Floa, Dalling 10st	7	200	Gas-MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Teat	Bbls. Condenacto/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION OCT 2 3 1975	
	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.		APPROVED 19	
			BY	
	m Baye		This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepened	
	T. M. Boyd, Agent		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	(Title) 10/21/75		All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,	
	(Date)		well name or number, or transpo	11, 111, and VI for changes of owner, riter, or other such change of condition. st be filed for each pool in multiply