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SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE				
U.S.G.S.		AND			ld C-104 and C- 65	
LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL						
TRANSPORTER OIL	/					
GAS OPERATOR			RE	CEIVE	D	
PRORATION OFFICE Operator			Jl	JL <u>3 0 1969</u>		
Address	C11 Company /		·			
Box 162. Reason(s) for filing (Check pro	Artesia, New Mexico			TEBIA, OFFICE		
New Well	Change in Transporter		Please explain)			
Recompletion	Oil	Dry Gas	m			
Change in Ownership	Casinghead Gas	Condensate 🗌 (lon	Timental			
If change of ownership give n and address of previous owne	iame :r				<u> </u>	
DESCRIPTION OF WELL					·····	
Lease Name	Well No. Pool Name,	Including Formation	Kind of Lease	State	B-8196	
Location	3 Art	9214	State, Federal or F		19-0190	
Unit Letter	990 Feet From The So	nith_Line and 2310	Feet From The	West		
Line of Section	Township 188	Range 28E , N	МРМ,	eddy	County	
DESIGNATION OF TRANS	PORTER OF OIL AND NAT	URAL GAS				
Name of Authorized Transporter	of Oil	Address (Give addr	ess to which approved co	py of this form is to	be sent)	
Name of Authorized Transporter	of Casinghead Gas 🗌 🗶 or Dry G	vision North Free	nan Avenue, Art	tesia, New	Mexico	
	••	Address (Give addr. Phillips B	ess to which approved co,	py of this form is to	be sent)	
Phillips Petrole If well produces oil or liquids,	Unit Sec. Twp.	Rge. Is gas actually con		ea, Toxes		
give location of tanks.	N 22 18		-7-61	8-60		
f this production is commingle	ed with that from any other lease	e or pool, give commingling o	rder number:			
Designate Type of Comp	oletion - (X)	Gas Well New Well Workov	ver Deepen Plug	Back Same Res	v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prcd.	Total Depth	P.B.	T.D.		
Elevations (DF, RKB, RT, GR, e	tc.; Name of Producing Formatic	on Top Oil/Gas Pay				
Perforations			Top Oil/Gas Pay Tubing Depth			
			Depti	h Casing Shoe		
	TUBING, CAS	ING, AND CEMENTING REC	ORD			
HOLE SIZE	CASING & TUBING	SIZE DEPTH		SACKS CEMENT		
EST DATA AND REQUES	r FOR ALLOWABLE (Test	must be after recovery of total v	olume of load oil and mu			
IL WELL ate First New Oil Run To Tanks			urs)		ceed top allow=	
		Producing Method (F	low, pump, gas lift, etc.)			
ength of Test	Tubing Pressure	Casing Pressure	Chok	e Size		
atual Duck D						
ctual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-1	MCF		
· · · · · ·						
AS WELL ctual Prod. Test-MCF/D	Length of Test					
		Bbls. Condensate/MN	ICF Gravit	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	nt-in) Choke	Choke Size		
ERTIFICATE OF COMPLIA	ANCE	OLL	CONSERVATION	COMMISSION		
ereby certify that the sul-	nd nomitation in the		11 -			
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given pove is true and complete to the best of my knowledge and belief.		rvation APPROVED	APPROVED, 19			
ove is true and complete to	the best of my knowledge and	belief. BY		ssett		
	2		VD GAS INSPE ctor			
				<u> </u>		
Kuby Parker			This form is to be filed in compliance with RULE 1104.			
45	ignature)	i well, this form mu	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.			
Ac	countent	tests taken on the	well in accordance w of this form must be fill	ith RULE 111.		
	(Title)	able on new and r	ecompleted wells.	ven out completel	y for allow-	
7-29-69 (Date)		Fill out only	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.			
		11 wert name or numb	way of the neptories of oth	ier such Change o	a condition.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.