

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

MAR 29 1968

APR 9 1968

Operator		H & S Oil Company		O.C.C. ARTESIA, OFFICE		
Address		301 Booker Building Artesia, N. Mex.				
Reason(s) for filing (Check proper box)		Other (Please explain)				
New Well	<input type="checkbox"/>	Change in Transporter of:	Change of Lease name, well no.		Formerly State BX 18	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas		<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate		<input type="checkbox"/>
If change of ownership give name and address of previous owner		Cities Service, oil co. Box 69, Hobbs, N.M. 88240 Bartlesville, Oklahoma				

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	State	Lease No.
West Artesia Grayburg		19	Artesia - Grayburg	State, Federal or Fee		E-1820
Unit Tract No. 3						
Location						
Unit Letter	C	330	Feet From The	North	Line and	1650
Line of Section		17	Township	18	Range	28
					NMPM,	Eddy
				County		

Name of Authorized Transporter of Oil		<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Continental Pipeline Co.					Artesia, N. Mex.	
Name of Authorized Transporter of Casinghead Gas		<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	C	Sec.	17	Twp.	18
					Rge.	28
					Is gas actually connected?	No
					When	

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

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.

Renée Morgan  
(Signature)  
Agent  
(Title)  
3-21-1968  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 10 1968, 19

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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 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.