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FILE		$\Box i$	L	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR		1		
PRORATION OFFICE				
Operator Yates	Dr	<u>i11</u>	in	
Address 207 S				
Reason(s) for filing	(Check	prope	r box	
New Well				
Recompletion				
Change in Ownership	ياً _			
If change of owners and address of prev				
DESCRIPTION O				
Artesia Met	ex	Uni	t	

(Title)

(Date)

September 17, 1974

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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED SEP 1 8 1974 g Company $_{
u}$ ARTESIA, OFFICE Artesia, N.M. 88210 Other (Please explain) Change in Transporter of: Dry Gas RE-ENTRY Condensate Casinghead Gas Lease No. Kind of Lease Well No. Pool Name, Including Formation State, Faregayor Fee / 23 State Artesia N_ 330 2410 Feet From The West Line and Feet From The Line of Section 19 Eddy 18S 28E Range , NMPM, County Township II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate

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Or Condensa Name of Authorized Transporter of Oil X or Condensate Navajo Pipeline Company Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, NM 88210

Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Is gas actually connected? Twp. Unit If well produces oil or liquids, give location of tanks. 188 27E 25 B If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Bes'v. Diff. Res'v. New Well Plug Back Gas Well Workover Oil Well i x Designate Type of Completion - (X) Re-entry P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 2058 2-74 8 Name of Producing Formation Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) 1988 1922 1985 Depth Casing Shoe 3562 Grayburg (38) Perforations 1922 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE 8-5/8" SACKS CEMENT 50 DEPTH SET HOLE SIZE 439 50 53/5" 1922 8" 778 1985 V. TEST DATA AND REQUEST FOR ALLOWABLE
(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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks 8-12-74 Pump 8-2-74 Tubing Pressure Casing Pressure Choke Size Length of Test 24 hrs Water-Bbls. Ggs-MCF Oil-Bbis. Actual Prod. During Test 1.5 bbls 1.5 bbls **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE SEP 1 9 197,4 APPROVED 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. TITLE <u>OIL AND GAS INSPEC**tor**</u> 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. (Signature) Engineer Yates

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.