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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

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DEC 12 1967

Operator		GEORGE A. CHASE	
Address		P. O. Box 637, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Temporarily abandoned.	
Recompletion	<input type="checkbox"/>	Change from gas to oil, State "A"	
Change in Ownership	<input checked="" type="checkbox"/>	Change in Transporter of:	
		Oil	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner CONTINENTAL OIL COMPANY, HOBBS, NEW MEXICO 88240

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease
ALLEN STATE		4	Artesia Queen Grayburg SA	State, Federal or Fee
State				
Location				
Unit Letter	P	660	Feet From The South	Line and 990
Feet From The East				
Line of Section	19	Township	18S	Range 28E
NMPM, 000Y County				

Name of Authorized Transporter of Oil					or Condensate					Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas					or Dry Gas					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	Sec.	Twp.	Rge.	Is gas actually connected?					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.							
Pool		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					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL				(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)			
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	

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 DEC 12 1967, 19	
BY W. A. Gressett		TITLE	
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.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.			
George A Chase (Signature)			
Owner			
(Title)			
12-9-67 (Date)			