	.S.G.S.	REC	EW MEXICO OIL CONSERVATION C AISSION REQUEST FOR ALLOWAB AND AND ZATION TO TRANSPORT OIL AND NATURAL GAS		Effective 1-1-	Form C-104 Supersedes Old C-104 and C+1 Effective 1-1-65	
	AND OFFICE IRANSPORTER OIL GAS (OPERATOR		RECEIVED				
1.	PRORATION OFFICE		<u> </u>				
	Operator We E. Jeffers						
	Address O. C. C.						
	Box 65, Artesia, NM 88210 ARTE: Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:	Other (Please explain) Change in Transporter of:				
	Recompletion	ou 🗌					
	Change in Ownership	Casinghead Gas	Condensate				
	If change of ownership give name and address of previous owner Burnham Oil Company, Box 162, Artesia, NM 88210						
П.	DESCRIPTION OF WELL AND LEASE						
	Lease Name Vandeventer	Well No. Pool Name, Incl		Kind of Lease		Lease No.	
		l Artesia	a	State, Federal	or Fee State	B-11 540	
	Line of Section 22 T	ownship 188 Plan	_{ge} 28E ,	NMPM, Eddy		County	
Ш.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATUR					
	Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) Navajo Refining Company Pipe Line Division North Freeman Avenue, Artesie, NM 88210						
	Name of Authorized Transporter of C	asinghead Gas 🎇 🛛 or Dry Gas 🗍	Adoress (Give add	tress to which approve	ed copy of this form is i	o be sent)	
	Phillips Petroleum Com		Phillips B ge. is gas actually co		Washington, C	dessa, Tx	
	If well produces oil or liquids, give location of tanks.	D 22 18		nnected? <mark> </mark> When 	7		
	If this production is commingled with that from any other lease or pool, give commingling order number:						
	COMPLETION DATA	Cil Well Gas			Plug Back Same Res	'v. Diff. Res'v	
	Designate Type of Complet:					I DIII. Hesiv,	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u>_</u>	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Tep Oil/Gas Pay		Tubing Depth		
	Perforations						
	Periorditons				Depth Casing Shoe		
			CEMENTING RECORD				
	HOLESIZE	CASING & TUBING SIZ	E DEPI	TH SET	SACKS CEN	IENT	
	·····						
		anna an tao					
v .	TEST DATA AND REQUEST F	OR ALLOWARLE (Test mu	the often recovery of each				
•••	OIL WELL able 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	Tuking Pressure	Casing Pressure		Choke Size		
ļ	Actual Prod. During Test	Oll-Ebia.	Water - Bbls.		Gas - MCF	· · · · · · · · · · · · · · · · · · ·	
			ndior - DDie.		Gds-MCF		
•		anna ann an Staineann an Staineann an Staine ann an Staine an Staine an Staineann an Staine an Staine an Staine					
٢	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/	MMCF	Gravity of Condensate		
					Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (1	Shut-in)	Choke Size		
L VI	CERTIFICATE OF COMPLIAN						
• • • •				OIL CONSERVATION COMMISSION AUG 2 0 1974			
	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.		lief. BY				
	$\rho = \rho \rho$		TITLE	OIL AND GAS INSPECTOR TITLE			
	128 On When		This form i	This form is to be filed in compliance with RULE 1104.			
-	10 1 Xenter	vo v yester		If this is a request for allowable for a newly drilled or deepened			
	Operate	tests taken on	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				

(Title) 6-28-74 (Date)

Operator

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, well name or number, or transporter, or other such change of condition.

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