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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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AUG 23 1965

Operator		O. C. C.
Mercury Production Company		ARTESIA, OFFICE
Address		
1521 Fort Worth National Bank Building, Fort Worth, Texas 76102		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	Change in Transporter of:	Change of operator effective April 1,
Recompletion	Oil	1965 and change of well designation
Change in Ownership	Casinghead Gas	effective July 1, 1965 Well # 4-1
	Dry Gas	
	Condensate	

If change of ownership give name and address of previous owner Previous operator - Frank Darden, Fort Worth, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Cowtown Unit	401	Artesia	State, Federal or Fee State
Location			
Unit Letter	D	322	Feet From The North Line and 964.4 Feet From The West
Line of Section	24	Township 18S	Range 28E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company		Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company		Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	K	13
	Twp.	18S
	Rge.	28E
Is gas actually connected?	When	
Yes	August, 1964	

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

IV. COMPLETION DATA

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

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.

C. W. Lawrence

(Signature)

Manager of Operations

(Title)

August 19, 1965

(Date)

OIL CONSERVATION COMMISSION

SEP 14 1965

APPROVED _____, 19

BY M. L. Armstrong
OIL AND GAS INSPECTOR

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.

Sections I, II, III, and VI must be filled out for new and recompleted wells.