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LAND OFFICE			
TRANSPORTER	OIL	.,	
	GAS		
OPERATOR			
PRORATION OF	ICE		
DEPCO Address	, inc	•	
Suite Reason(s) for filing	Check	Fi	bo
	$\square$		
New Well	1 1		
New Well Recompletion	$\vdash$		

August 4, 1967

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110

Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED AUG 4 1997 C. C. C. ARTESIA, OFFICE Hational Bank, Artesia, New Mexico 88210 Change in Transporter of: Add Account Number to Lease Name Dry Gas Condensate Casinghead Gas II. DESCRIPTION OF WELL AND LEASE.
| Well No. | Pool Name, Including Formation Lease No. State, Federal or Fee State 43 | Artesia Queen Grayburg SA AC 711 Unit Letter\_ County , NMPM, Range 28... Eddy Township Line of Section 28 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Cil or Condensate \_\_\_\_\_ Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil Artesia New Mexico
Address (Give address id which approved copy of this form is to be sent) Continental Pine Line Company
Name of Authorized Transporter of Casinghead Gas of Dry Gas Okusa Texa Wher P.ge. Is gas actually Twp. If well produces oil or liquids, No Lies 27 18 . 28 E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. New Well Oil Well Gas Well Workover Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gos - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 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. ALL AND GAS THE PLETOP 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. <u>strict Engineer</u>

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.