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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	<u> </u>		
	GAS			
OPERATOR				
		1	ī	

July 29, 1968

- - -	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	TRANSPORTER OIL GAS	SPORTER OIL GAS IVED					
ı.	PRORATION OFFICE			1058			
-	Operator American Petrofina Com	Petrofina Company of Texas					
	Address Box 1311 Big Spring	ox 1311 Big Spring, Texas 79720		ARTESIA ETHICE			
	Reason(s) for filing (Check proper box) New Well	on(s) for filing (Check proper box) Other (Please explain) We'l Change in Transporter of:					
	Recompletion X	Oil Dry Gas	= 1				
	Change in Ownership	Casinghead Gas Condens	sure				
	If change of ownership give name and address of previous owner						
H.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	rmation Kind of Leas	e Lease No.			
	Welch Duke State	8 Artesia, Gray	State Federa				
	Location			my youth			
	Unit Letter C; 1321 Feet From The West Line and 271 Feet From The Hosel						
	Line of Section 28 Township 18S Range 28E , NMPM, Eddy County						
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which appro	and cany of this form is to be sent)			
	Name of Authorized Transporter of Oll Continental Pipeline	or Condensate	Artesia, New Mexico	ved copy of this form is to be semi-			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)			
		Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en			
	If well produces oil or liquids, give location of tanks.	F 28 18S 28E	No				
IV	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,					
17.	Designate Type of Completic	on - (X) X	New Well Workover Deepen X	Plug Back Same Resty. Diff. Resty.			
	Date Spudded 175	Date Compl. Ready to Prod. 7-23-68	2350	2348			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 2200			
	3549 Perforations 1 SPF	Grayburg	2145	Depth Casing Shoe			
	at 2145,2146,2245,2246,	5,2146,2245,2246,2289,2290,2298,2299,2300,2301 2348 TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12	10 3/4"	282'				
	10	8 5/8"	655' 2004'	25			
	6 4 3/4	5 ½" 3 ½"	2348 1	150			
v	TEST DATA AND REQUEST F	OP ALLOWARIE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow			
•	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
	7-24-68						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24hrs.		Water-Bbis.	2 ^{rt} Gas-MCF			
	Actual Prod. During Test	Oil-Bbls. 24	6				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Saute-In)					
VI	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		APPROVED 2					
	above is true and complete to the best of my knowledge and belief.		BY				
			TITLE				
	(1)		This form is to be filed in compliance with RULE 1104.				
Jay . Clinian J. M. Denson			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				
′-	^	nature) Production	I taste taken on the Well in acc	well, this form must be accordance with RULE 111. All sections of this form must be filled out completely for allow			
	Asst. District Mgr. of Production (Title)		All sections of this form must be inited out completely able on new and recompleted wells.				

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.