DISTRIBUTION SANTA FE / FILE / L		NSERVATION COMM	Form C-104 Supersudes Cld C-104 and C-110 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL (	GAS
IRANSPORTER OIL / GAS			· C [27]
OPERATOR 2 PRORATION OFFICE			والمناب المستور المراقية
Operator			ARTERIA, DIT DE
Address			
P.O. Box 20200, Dall Reason(s) for filing (Check proper box)	-	(ither (Please explain)	
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		
If change of ownership give name	itallworth 011 & Gas, 407	West Nissouri Avenue.	Nidland, Texas 79701
II. DESCRIPTION OF WELL AND	• •	•	
Rotary State	6Artesia	C. G. A. State, Føder	al or Fee <b>State</b> 647-338
Unit Letter;33	Feet From The North Line	and Feet From	TheEast
Line of Section 29 Tov	unship 18 Range 2	8 , IMPL, E	ddy County
II. DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which appro	
Navajo Refining Co. Name of Authorized Transporter of Cat	, Pipe Line Div.	No. Freeman Ave., Art Address (Give address to which appro	
None	Ur.it Sec. Twp. Rge.	Is gas dot ally connected? W	her.
If well produces oil or liquids, give location of tanks.	G 20 18 28		
	th that from any other lease or pool, g	give commingling order number:	
V. COMPLETION DATA Designate Type of Completion	Oil Well Gas Well		Flug Back Same Resty, Diff. Resty,
Designate Type of Comprete	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top CU/Gas Pay	Turing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Connector		
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		: 	
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be ay able for this de	fter recovery of total volume of load of pth or be fo-full 24 hours;	il and must be equal to or exceed top allou
OIL WELL 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
	Oil-Bbls,	Water - 3b.s.	Gas - MCF
Actual Prod. During Test			
GAS WELL	Length of Test	Bbls, Cordenagte/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size
Testing Method (phot, back phy			
VI. CERTIFICATE OF COMPLIANCE		MAR 4	/ATION 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.		BY APPROVED IS	
above is true and complete to the best of my knowledge and bench. ARNOGD, LTD.			
fraguer anur		This form is to be filed i	n compliance with RULE 1104. lowable for a newly drilled or deepens
Frazler Arwood (Sie	nature) Gen. Partner	well, this form must be accome tasts taken on the well in ac	cordance with NULE 111.
	^irle)	All sections of this form able on new and recompleted	must be filled cut completely for allow
(Title) <b>Feb. 1, 1971</b> (Date)		Fill out only Sections I. well name or number, or transp	II. III, and VI for changes of owne orter, or other such change of condition ust be filed for each pool in multip
		completed wells	