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TRANSPORTER	OIL 1 GAS
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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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I.	Owner	GEORGE A. CHASE	MAY 19 1965
	Address	P. O. BOX 637, ARTESIA, NEW MEXICO - 88210	O. C. C. ARTESIA, OFFICE
	Reason(s) for filing (Check proper box)	Other (Please explain)	
	New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
	Deepening Well <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
	Transporter <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner:

CONTINENTAL PIPE LINE COMPANY, P. O. BOX 410, ARTESIA, NEW MEXICO 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Stratum, Formation	Kind of Lease
STATE KG-30	1	ARTESIA	State, Federal or Free STATE
Location	Section	Foot From The	Line and
Foot From The	330	NORTH	660
Foot From The		EAST	
Range and Township	30	18S	28E
Range		EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Cont'l Pipeline Co.	Artesia, N.M.					
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	A	30	18S	28E	No	

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

IV. COMPLETION DATA

Designate Type of Completion - (A)	Oil Well	Gas Well	New Well	Workover	Deepen	Flow Back	Same Re-ty.	Diff. Re-ty.
Date Drilled	Date Compl. Ready to Prod.	Total Depth	Perforations					
Name of Producing Formation	Top Oil/Gas Pay	True Depth	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 Flow Oil From Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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 above is true and complete to the best of my knowledge and belief.

APPROVED MAY 19 1965, 19

BY M. L. Armstrong

TITLE OIL AND GAS INSPECTOR

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.

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

George A. Chase
(Signature)

Owner

(Title)

May 19, 1965

(Date)