NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE RECEIVED OIL TRANSPORTER OPERATOR FEB 4 1966 PRORATION OFFICE O. C. C. Cima Capitan, Incorporated, (N.S.L.) artesia. Offi**ce** Address Box 1343, Artesia, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) Dry Gas Recompletion \bigcirc il Tange in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ V. S. Welch II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease Nan State, Federal or Fee State Resier State 2 Artesia, Q. GB. SA Location 2310 __ Feet From The 🔼 Line and 660 Unit Letter 0 , NMPM, , Township 188 Hange 28E Eddy III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 😿 Continental Pipeline Co. Arteeia, New Hexico ess (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Addre Midland, Texas as actually connected? Phillips Petroleum Co. Unit Wher. Twr. Rge. If well produces oil or liquids, give location of tanks. 183 unknown N 3 _ 28E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Oil Well Gas Well Designate Type of Completion = (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth Name of Producing Formation Top Oil/Gas Pay Tubing Depth 1 661 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.) ate First New Oil Eun To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Water-Bbls. Oil-Bbls. Actual Prod. During Test

GAS WELL Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Frod. Test-MCF/D Choke Size Casing Pressure Tubing Pressure esting Method (pitot, back pr.)

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.

 Working (Signature)
 Kngineer (Title)

1 February 1966

(Date)

OIL CONSERVATION COMMISSION

County

APPROVED	FEB 4	1966	 , 19
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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 completed wells.