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U.S.G.S.	
LAND OFFICE	
TRANSPORTED	OIL GAS
OPERATOR	4
PRORATION OFFICE	

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

RECEIVED

JUN 1 1966

I. OPERATOR		O. C. C. ARTESIA, OFFICE
Operator American Petrofina Company of Texas ✓		
Address P. O. Box 1311, Big Spring, Texas		
Reason(s) for filing (check proper box)		Other (Please explain)
New Well	<input type="checkbox"/>	
Recompletion	<input type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>	
Change in Transporter of		
Oil	<input type="checkbox"/>	Oil Gas <input type="checkbox"/>
Crudehead Gas	<input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Petroleum Corporation of Texas, P.O.Box 752, Breckenridge, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Salt State Welch #B3823 State	Well No. 2	Pool Name, including Formation Queen Grayburg San Andres	Kind of Lease State, Federal or Fee State
Location Unit Letter L 2397 feet from the South Line and 256 feet from the West			
Line of Section 4 Township 18S Range 28E NMEB Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Non-Producing		
Name of Authorized Transporter of Crudehead 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.	Rge.
	Is gas actually connected? When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Completed	Total Depth		P.R.T.L.					
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		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 fluid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil from Tanks	Date of Test	Producing Method (hook pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil Rate	Water Rate	Gas Rate

GAS WELL

Actual Prod. Test (MCF)	Length of Test	Oil, Condensate (MCF)	Quantity of Gas Produced
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

David Day  
(Signature)

David Day

Chief Production Clerk  
(Title)

May 18, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 2 1966  
BY M. L. Armstrong  
TITLE OIL AND GAS REPORT

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 must be filed for each pool in multiple completions.