				ail and muse he could to be exceed top allow	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	TUBING, CASING, AND CEMENTING RECORD				
	Perforations			Depth Casing Shoe	
	Elevations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff, Res'v.	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:		
	If well produces oil or liquids, give location of tanks.	F 5 185 28 E		5 - 1960	
	Phillips Petri	Unit_ Sec. Twp. Rge.	Is gas actually connected?	When I Chesa, Defas	
	Name of Authorized Transporter of Cas	einghead Gas 🔯 or Dry Gas 🗀	Address (Give address to which app	proved copy of this form is to be sent)	
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)	
111	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL G	AS		
	Line of Section 5 Tow	mship /8 S Range	28 E , NMPM,	Eddy County	
	Unit Letter F : 1650 Feet From The 125th Line and 1650 Feet From The 225t				
	State H	2 Empire	Alo State, Eede	111.00 - 10 0	
11.	Lease Name	Well No. Pool Name, Including I			
		FACE			
	If change of ownership give name and address of previous owner		00		
	Change in Ownership	Casinghead Gas Conde	ensate Cffective	12-1-69.	
	New Well Recompletion	Change in Transporter of: Oil X Dry G	Change oil tre	Line to Camual 12-1-69.	
	Reason(s) for filing (Check proper box)	031 Midlan	Other (Please explain)		
	Address	ve compan	7 1 20-		
1.	Operator /	0,000		ARTESIA, OFFICE	
	OPERATOR / PRORATION OFFICE			a. c. c.	
	TRANSPORTER OIL / GAS /			NOV 1 4 1969	
	LAND OFFICE	AUTHORIZATION TO TR	ANSI ON FOIL AND NATURAL	- GAS	
	U.S.G.S.	ALITHOPIZATION TO TP	AND ANSPORT OIL AND NATURAL	CASRECEIVED	
	SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
	DISTRIBUTION	NEW MEY!CO OIL	CONSERVATION COMMISSION		
1	NO. OF COPIES RECEIVED		Segund :		
		•			

(Test must be after recovery of total volume of load oil and must be equal to or excee able 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.) Date First New Oil Run To Tanks Date of Test

Choke Size Tubing Pressure Casing Pressure Length of Test Water - Bbls. Ggs - MCF Oil-Bbls. Actual Prod. During Test

GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing 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.

B. L. Inody	
Gignatures Leneral Clark	_
Morrember 12, 1969	
 (Date)	

OIL CONSERVATION COMMISSION NOV 14 1969

APPROVED esset BY_

. OIL AND GAS INSPECTOR TITLE .

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 silow-able 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.