NO. OF COPIES RECEIVED			
Lat.			
DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
FILE /-		AND	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	
LAND OFFICE		RECEIVED	ECEIVED
TRANSPORTER GAS		RELEIVED	`)
OPERATOR /			>M/AR 2 9 1968
PRORATION OFFICE		ADD Q 100	
Operator			
H & S Oil Company	·		ACTE AA, CERTICE
301 Booker Buildir	ng Artesia. N.	More	
Reason(s) for filing (Check proper box)	Artesta, No	Other (Please explain)	
New Well	Change in Transporter of:		e name, well no.
Recompletion	Oil Dry Go	⊢ FI °	H no. 1
Change in Ownership X	Casinghead Gas Conder		
If change of ownership give name		BOX1031	-
and address of previous owner	Tenneco Oil & Gas C	o. 1 Midland, Texa:	3
DESCRIPTION OF WELL AND	FASE		
Legie Ste Artesia Grave	ourg Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.
Unit Tract 4	2 Artesia - G	rayburg State, Federal o	Fee State E- 2715
Location	-	_	
Unit Letter D ; 990	Feet From The <u>north</u> Lir	ne and 990 Feet From The	west
ο _	vnship 18 Range	28 , NMPM, Eddy	County
Line of Section 8 Tov	vnship 10 Range	20 , Eddy	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	
Continental Pipeli		Artesia, N. Mes	deeper of this form is to be conti-
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give agaress to which approved	copy of the form to to be delety
	Unit Sec. Twp. Rge.	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	D 8 18 28		
		No	
in the second of	<u></u>	give commingling order number:	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	Plug Back Same Restv. Diff. Rest
If this production is commingled wincompletion DATA Designate Type of Completion	th that from any other lease or pool, on - (X) Gas Well	give commingling order number: New Well Workover Deepen	
COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	Plug Back Same Restv. Diff. Rest
Designate Type of Completion Date Spudded	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	1
Designate Type of Completion	th that from any other lease or pool, on - (X) Gas Well	give commingling order number: New Well Workover Deepen	P.B.T.D.
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
Designate Type of Completion Date Spudded	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth	P.B.T.D. Tubing Depth Depth Casing Shoe
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	th that from any other lease or pool, on — (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	give commingling order number: New Well Workover Deepen Total Depth Top Otl/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	th that from any other lease or pool, on — (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	give commingling order number: New Well Workover Deepen Total Depth Top Otl/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
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Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	th that from any other lease or pool, on — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE	New Well Workover Deepen	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST F	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE	give commingling order number: New Well Workover Deepen	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE	New Well Workover Deepen	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
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Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL	th that from any other lease or pool, on — (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this of	give commingling order number: New Well Workover Deepen	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT ad must be equal to or exceed top all
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a	Rew Well Workover Deepen Total Depth Top Oil/Gas Pay DEPTH SET after recovery of total volume of load oil arlepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT ad must be equal to or exceed top all etc.) Choke Size
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	th that from any other lease or pool, on - (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a	New Well Workover Deepen Total Depth Top Oil/Gas Pay DEPTH SET after recovery of total volume of load oil and lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT ad must be equal to or exceed top all etc.)
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	th that from any other lease or pool, on — (X) Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this of Date of Test Tubing Pressure	Rew Well Workover Deepen Total Depth Top Oil/Gas Pay DEPTH SET after recovery of total volume of load oil arlepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT ad must be equal to or exceed top all etc.) Choke Size
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

, 		
E arrive	1. 12 6 Wal	
/ 	(Signature)	
1 Grant	<i>*</i>	
F	(Title)	
£ 5 /	- 1964	

(Date)

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

	32 7 7 7 7	- 149 <u>6</u> 8		
APPROVE	~		, 19	
BY	(N), (G)			
TITLE	Of hat Bid	1.77.0.77.0.8		

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 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.