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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and
Effective 1-1-65

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DEC 1 1980

O. C. D.
ARTESIA, OFFICE

ARTESIA CORPORATION

P.O. Box 304, Artesia, N.M. 88210

Name of Owner (Check proper box)		Other (Please explain)	
☐ Individual	Change in Transporter of:		
☐ Partnership	Oil ☐	Dry Gas ☐	
☒ Corporation	Casinghead Gas ☐	Condensate ☐	

Holders of ownership give name and address of previous owner Paul Slayton, P.O. Box 1936, Roswell, N.M. 88201

DESCRIPTION OF WELL AND LEASE

Lease Name	Tract 12	Well No.	Pool Name, including Formation	Kind of Lease	Fee
West Artesia Grayburg Unit	17	Artesia Grayburg SA	State, Federal or Fee	Fee	
Location					
Unit Letter	M	330	Feet From The	South	Line and 987 Feet From The West
Line of Section	8	Township	18S	Range	28E, NMPM, Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co., Pipeline Div.	P.O. Box 159, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquid, give location of tanks. <i>connected for</i>	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	8	18S	28E	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Since Re-entry
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
Perforations						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil well)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-BSLs.	Water-BSLs.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (gravel, back pt.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Carolyn Davis
(Signature)

Production Clerk

12/1/80

(Title)

(Date)

OIL CONSERVATION COMMISSION

DEC 3 1980

APPROVED

BY *W. A. Gussert*

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or if well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely, whether on new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes in well name or number, or transportation or other such change of