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Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Effective 1-1-65 **AND** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ECEIVED MAR 2 9 1968 1958 1. n. c. c. ARTEMA, OFFICE dut of the Defice Address 301 Booker Building <u>Artesia, N.</u> Mex.
Other (Please explain) Reason(s) for filing (Check proper box) Change of Lease name, well No, New Well Change in Transporter of: Recompletion Dry Gas formerly Humble State 2 Change in Ownership Casinghead Gas Condensate BN4/346 If change of ownership give name C, E. Roach Drilling Company <u>Artesia</u> II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease Nest^NAPtesia Grayburg Unit Tract No. 2 State, Federal or Fee Artesia - Grayburg 990 west Line and 2310 _ Feet From The ___<u>north</u> Feet From The Unit Letter Line of Section 8 Township 18 28 Ed**dy** Range , NMPM, County 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 Cil 📉 Continental Pipeline Co. Artesia, N. Mex.
Address (Give address to which approved copy of this form is to be sent) h approved copy of this juin.

Oklahoma Box 6666, odisec ame of Authorized Transporter of Casinghead Gas or Dry Gas Bartlesville, Phillips Petroleum Is gas actually connected? Unit Sec. Twp. Rae. If well produces oil or liquids, give location of tanks. 8 水厂 18 28 yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover Same Resty, Diff, Resty. New Well Plug Back Deepen Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET 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.) Date First New Oil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Oil-Bbls. Water - Bbls. Gga - MCF Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

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.

- Literal	(Signature)	
1 1 1	(Signapure)	
() () () ()	(Title)	
,	21- 968	
	(Date)	

OIL CONSERVATION COMMISSION

30 APPROVED. 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 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.