	<u> </u>	~1'	
NO. OF COPIES RECEIVED 5		,	
DISTRIBUTION	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104	
SANTA FE /	REQUEST	REQUEST FOR ALLOWABLE AND Supersedes Old C-104 and C-105 Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
U.S.G.S.	AUTHORIZATION TO TR		
LAND OFFICE		RIGITORY OF ARB HATORAL OF	ECEIVED
TRANSPORTER GAS		RECEIVED	
OPERATOR /			MAR 2 9 1968
PRORATION OFFICE		APR 9 1958	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O. C. C.
H & S 11 Compan	у	0. c. c.	ARTESIA, U. T.
301 Booker Build	ding Antonio M	ARTESIA, OFFICE	
Reason(s) for filing (Check proper bo	ding Artosia, N.	Other (Please explain)	
New Well	Change in Transporter of:		e name, well no:
Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde	= Intractify with	n State no. 1
Change in Ownership 4	Casinghead Gas Conde	30/ Booker	BLA
If change of ownership give name and address of previous owner	Simms & Reese Oil Con	npany A Artesia, N. Me	ex.
DESCRIPTION OF WELL AND			
Lease Name estArtesia Grayburg	Well No. Pool Name, Including F		Lease No.
Tract 6	Artesia -	Gra burg State, Federal	State E-7255
			12 1200
Unit Letter J : 23	Feet From The east Lir	ne and 231 Feet From Th	e south
Line of Section 8 To	ownship 78 Range	28 , NMPM, Hddy	County
		28 NMPM, Eddy	County
	TER OF OIL AND NATURAL GA		
Name of Authorized Transporter of O	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)
Continental Pipel Name of Authorized Transporter of Co	ine Ungas or Dry Gas	Artesia Nex Address Give address to which approve	
		Boy 666. Orle	sa Jel 79760
Phillips Potrole:	Unit Sec. Twp. Rge.	Is gas actually connected? When	ahama
If well produces oil or liquids, give location of tanks.	T 8 78 38	res	
If this production is commingled w	ith that from any other lease or pool,		
COMPLETION DATA			
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
WOL E 617E		D CEMENTING RECORD	SACKE CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil an	d must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	etc. J
Date First New Oil Run 10 Tunks	Date of 1981	Producting Mathiod (F 10m, Pansp, 203 19),	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	-		
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Float 1881-MCF/B	Landin or less	Bala. Condensate/ Mivici	GIATITY OF COMMEMBER
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		011 00112-111	TION CONTROL OF
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVAT	TION COMMISSION
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.		APPROVED MAY 1019	100 , 19
		210 4	10000xt
		BY M. C. STOR	yuu y
		TITLE	

(Title)

968 (Date) 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.