		_						
	NO. OF COPIES RECEIVED							
	DISTRIBUTION							
	SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE			Form C-104	Form C-104 Supersedes Old C-104 and	
	FILE	KEQUEST	AND	OWABLE		Effective 1-1-		
	U.S.G.S.	AUTHORIZATION TO TRA		ו מאש ווח	JATHDAL (	^ A C		
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OU AND NATURAL GAS						
	TRANSPORTER OIL	•						
	GAS		APR 9	1000		44AD D 0 10	C 6	
	OPERATOR /		APR 7	1398		MAR 2 9 19	D.Q.	
I.	PRORATION OFFICE Operator			<del></del>	<del></del>	150 050 050		
	H & S Oil Company	,	LJ. LJ. ARTEBIA, I			10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (		
	Address							
	207 1 7 7 7 7 7							
	Reason(s) for filing (Check proper box)  Artesia, N. Mex.  Other (Please explain)							
	New Well	Change in Transporter of:		•	• •	ise name, uel	17	
	Recompletion	Oil Dry Go	ıs 🗌			on State no.		
	Change in Ownership	Casinghead Gas Conde	nsate 🔲	± 0111101	***	011 00a 30 110.		
	If change of ownership give name 301 Booker Bldg.							
	and address of previous owner Simms eese 1 ompany Artesia. N. Mex.							
				,				
II.	DESCRIPTION OF WELL AND	LEASE			V (-d -6 V			
	West Artesia ray	ourg	ormation		Kind of Leas		Lease	
	Unit ract 6	Well No. Pool Name, Including Fourg	rayburg		State, Federa	State	-1-7	
	Unit Letter ;99	Feet From The east Lir	ne and 2310	)———	Feet From '	The <b>south</b>		
	Line of Section 5 To	wnship ᇽ 🖰 Range	28	, NMPM	Edd	17	Cou	
	2 0. 0.000.00.	wnship Range		, 141411 141	шаа	<u>, y</u>	Coul	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s					
	Name of Authorized Transporter of Oil	or Condensate		ive address t	o which appro	ved copy of this form is	to be sent)	
	Continental Pipel:	ine Co.		Artesi	a. N.Me	х.		
	Name of Authorized Transporter of Ca		Address (G	ive address t	o which appro	ved copy of this form is	to be sent)	
	Paillips Petroleur			Bartle	sville.	<u>klahoma</u>		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actu	ally connecte	ed? Who	en		
	give location of tanks.	I	y	les				
	If this production is commingled with that from any other lease or pool, give commingling order number:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well	Workover	Deepen	Plug Back   Same Re	s'v. Diff. R	
	Designate Type of Completic		1	1	1	1 1 1 1 1	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u>i</u>	i	P.B.T.D.	i	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Ga	s Pay		Tubing Depth		
	Perforations		- <del>-</del>			Depth Casing Shoe	Ÿ	
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	ļ	DEPTH SE	T	SACKS CEI	MENT	
							<del></del>	
			<u> </u>			+	<del> </del>	
						<del> </del>		
			<u> </u>			<u> </u>	<del></del>	
V.	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 of able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks	Date of Test			, pump, gas li	ft, etc.)		
	Length of Test	Tubing Pressure	Casing Pres	esure		Choke Size	·	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls	•		Gas - MCF		
	GAS WELL		т			T		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Conde	ensate/MMCF	<del>.</del>	Gravity of Condensate	•	
					101	Chaha Sta		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pres	ssure (Shut-	-111)	Choke Size		
			<u> </u>					
VI.	CERTIFICATE OF COMPLIANCE			OIL		TION COMMISSIO	N	
			ADDES	/ED		968	. 19	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROV	/ /	1	,	, 19	
	above is true and complete to the best of my knowledge and belief.		BY	Wi	(1 B	resser		
				63 (22	6.43 £0520	TOB		
			TITLE_					

(Signature)

(Title)

(Date)

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.

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.

C-110