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DISTRIBUTION NEW MEXICO OIL CONSERV.		
project rop Al	TION COMMISSION	Form C-104
	LOWARLE	Supersedes Old C-104 and C-
ANTA FE REQUEST FOR ALL AND	LUMADEL	Effective 1-1-65
ILE AND	OU AND NATURAL	GAS
authorization to transpor	OIL WALD MATORAL	G. 13
AND OFFICE	1 5	RECEIVED
OIL	ar.	
RANSPORTER GAS		
		HIM 1 1000
	EPCO, Inc.	JUN 1 1966
	EPCO, ma	·
Annual Marketine Control of the Cont	Suite 204	— O. C. C.
dáress First Na	ional Bank Building	ARTESIA, OFFICE
A 1	New Mexico Sozio	
P. O. Box 427, Artesia, New Mexico Artesia, New Mexico Artesia,	Other (Please explain)	
Change in Transporter of:		
ew we:. Dry Gus		
ecompletion Conjuncts		
Range II. Ownersp[75]		
change of ownership give name International Oil & Gas Corpor	ation P O. Box	427. Artesia, New Mexico
change of ownership give name International Oil & Gas Corpord address of previous owner	diffing I . V. DOZ	•
d address of pressure -		
ESCRIPTION OF WELL AND LEASE No. Well No. Pool Name, Inch.	ving Formation	Kind of Lease
		State, Federal or Fee Fee
Shuler 2 Loco Ri	lls Grayburg SA	
position		Mact
M 990 Foot From The South_Line and	2310 Feet Fro	om The West
Unit Letter N ; Jyo Feet : 10 1		Count
Line of Section 5 Township 18 Pange 29	, NMPM,	Eddy
Name of Authorized Transporter of Oil X or Condensate Texas New Mexico Pipe Line Texas New Mexico Pipe Line Tame of Authorized Transporter of Casinghead Gas X or Dry Gas Address		oproved copy of this form is to be send)
Dilling Potroleum Corporation	Odessa, Texas actually connected?	
	asidari) cominecta.	When
		1
	Yes	When July, 1964
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f this production is commingled with that from any other lease or pool, give co	ommingling order number:	July, 1964
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VI. CERTIFICATE OF COMPLIANCE

GAS WELL

Actual Prod. Test-MOF/D

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.

Length of Test

Tubing Pressure

(Signature) District Engineer (Date)

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

MARS GAS INSPECTO

Bbis. Condensate/MMCF

Casing Pressure

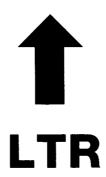
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or to well, this form must be accompanied by a tabulation of the contests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely to able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes come well name or number, or transporter, or other such change of community Separate Forms C-104 must be filed for each popt of the







Job separation sheet

NO. OF COPIES REC	EIVED	6	
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SANTA FE		/	
FILE		/-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
TRANSFORTER	GAS	1	
OPERATOR		2	
PROPATION OF	1		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	L GAS	
TRANSPORTER OIL / GAS / OPERATOR 2			RECEIVED	
PRORATION OFFICE Operator			200000000000000000000000000000000000000	
International Oil	& Gas Corporation V		OCT 8 9 1855	
P. 0. Box 427, A r	tesia. New Mexico			
Reason(s) for filing (Check proper ba	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry Go	一一一		
Change in Ownership	Casinghead Gas X Conde	nsate		
If change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL AND	LEASE Well No. Pool No.	ame, Including Formation	Kind of Lease	
Shuler		o Hills Grbg-SA	State, Federal or Fee Fee	
Location	O Couth	2210	om The West	
Unit Letter N ; 99	O Feet From The South Lin		_	
Line of Section 5 , T	ownship 18-5 Range	29-E , NMPM,	Eddy County	
Name of Futhorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which ap	oproved copy of this form is to be sent)	
Texas-New Mexico			exas oproved copy of this form is to be sent)	
Name of Authorized Transporter of C Phillips Petroleum C	asinghead Gas K or Dry Gas	Odessa, Texas	oproved copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give locat on of tanks.	L 5 18S 29E with that from any other lease or pool,	yes give commingling order number:	July, 1964	
COMPLE TION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv	
Designate Type of Complet				
Date Spud led	Date Compl. Fleady to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforatio is			Depth Casing Shoe	
	TUBING, CASING, AN	D 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 lepth or be for full 24 hours)	oil and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water-Bbls.	Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	wdter - Bbis.	Odb - MC1	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
A CONTINUE OF COURT	NOTE	OIL CONSE	ALION COMMISSION	
	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION OCT 29 1965	
Commission have been complied	d regulations of the Oil Conservation with and that the information given	m F ()	1/2010	
above is true and complete to	the best of my knowledge and belief.	BY /// W///		
n		TITLE CONTINUE TO BE SIZE	in compliance with RULE 1104.	
Wasself E. B.	risiM	If this is a request for a	allowable for a newly drilled or deepens	
	gnature) /	tests taken on the well in		
District Engineer		All sections of this form	All sections of this form must be filled out completely for allow	

(Title)

(Date)

October 28, 1965

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.