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

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

MAY 19 1975

J. C. C.

ARTESIA, OFFICE

Operator DENTON OIL COMPANY		Other (Please explain) Return to production after workover	
Address P.O. Box 1252, Artesia, N. Mex. 88210			
Reason(s) for filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hover-Federal	Well No. 2	Pool Name, Including Formation Turkey Track Q-G - JR-SA	Kind of Lease State, Federal or Fee Federal
Location L 1980 South 660 West			
Unit Letter 27	Township 18S	Range 29E	County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, N. Mex.		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 18S
		Rge. 29E	Is gas actually connected? No

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'tv. <input checked="" type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth 2379		P.B.T.D. 2150'			
Pool Turkey Track	Name of Producing Formation Queen Sand		Top Oil/Gas Pay 2074		Tubing Depth 2084			
Perforations 2074' - 2084' w/ 1 shot per foot. Top of cement at 1500' outside Pipe					Depth Casing Shoe 2084'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks 4/24/75	Date of Test 4/29/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 8 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 11 BOPD	Oil-Bbls. 11	Water-Bbls. Trace	Gas-MCF

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

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.

George C. Denton
Partner
5/15/75
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED **MAY 20 1975**
BY **W. A. Gressett**
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 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 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.