

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

OCT 24 1974

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	3
PRORATION OFFICE	

I. Operator **O. C. C. ARTESIA, OFFICE**

Address **Anadarko Production Company**

Reason(s) for filing (Check proper box) **P. O. Box 67, Loco Hills, New Mexico 88255**

New Well ☒ Change in Transporter of: Oil ☒ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☒ Condensate ☐  
Change in Ownership ☒

INGHEAD GAS MUST NOT BE  
FLARED AFTER 1-1-75  
UNLESS AN EXCEPTION TO Rule  
IS OBTAINED. 306

If change of ownership give name and address of previous owner **H. E. Yates Roswell, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Travis Federal "D"</b>	<b>12</b>	<b>Loco Hills Premier</b>	State, Federal or Fee <b>Federal</b>	<b>N.M. 14843</b>
Location				
Unit Letter <b>J</b>	<b>1980</b>	Feet From The <b>East</b> Line and <b>1980</b>	Feet From The <b>South</b>	
Line of Section <b>17</b>	Township <b>18 S</b>	Range <b>29 E</b>	NMPM, <b>Eddy</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>The Permian Corporation</b>	<b>P. O. Box 1183, Houston, Texas 77001</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Phillips Petroleum Corporation</b>	<b>P. O. Box 6666, Odessa, Texas 79760</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<b>J 17 18 S 29 E</b>	<b>No</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>7-13-61</b>	<b>8-4-61</b>	<b>3360'</b>	<b>2823'</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>3528 KB</b>	<b>Premier</b>	<b>2715 Premier</b>	<b>2740'</b>					
Perforations	Depth Casing Shoe							
<b>8h 2715 8h 2725</b>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/8"</b>	<b>8 5/8"</b>	<b>419'</b>	<b>75 sz</b>					
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>2823'</b>	<b>230 sz</b>					
	<b>2 3/8" Tbg.</b>	<b>2740'</b>						

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)

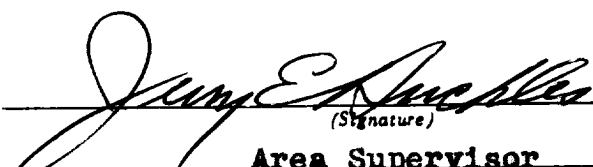
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>10-17-74</b>	<b>10-21-74</b>	<b>Pumping</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24 hours</b>	<b>None</b>	<b>20 Psi.</b>	<b>None</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<b>15 Bbls.</b>	<b>15</b>	<b>None</b>	<b>18</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

  
(Signature)  
**Area Supervisor**  
(Title)

OIL CONSERVATION COMMISSION  
NOV 5 1974  
APPROVED  
BY **W. A. Gressett**  
TITLE **OIL AND GAS INSPECTOR**

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 allow-