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STATE OF NEW MEXICO VERGY AND MINIFIALS DEPARTMENT		ALLOWABLE D ORT OIL AND NATURAL GAS	RECE - Form C-104 Revised 19-1-78 C. C. Q. ARTISIA, MIRICE
If change of ownership give name and address of previous ownerN . DESCRIPTION OF WELL AND I Leose Nome		tration Kind of Lease	U NM-025612 Lease No.
W. LOCO Hills G4S Ut Tr : Location Unit Letter C: 660 Line of Section 18 Tow	21A 3 Loco Hills Q. Feet From The North Line Feet From The North Line Feet From The North Line Feet From The North Range	G. SA. State, Federal and <u>1980</u> Feet From T <u>30E</u> , NMPM,	West Eddy County
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cli in or Condensate in the sent of Authorized Transporter of Cli in the sent of Condensate in the sent of Box 175 Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas in the or Dry Gas in Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas in the or Dry Gas in the sent of Casinghead Gas in the sent o			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Hqc.	Is gas actually connected? When NO	n
If this production is commingled with that from any other lease or pool, giv COMPLETION DAYA Designate Type of Completion - (X)		New Well Workever Deepen	Plug Bace Same Resty, Diff. Rea-
Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Date Compl. Heady to Prod.	Total Depth Top Oll/Gas Pay	P.B.T.D. Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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'. 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 allowable (or this depth or he for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks	able for this de	pik or be for full 24 hours) Producing Kiethod (Flow, pump, gas lif	
	•		3-16-84 Choze Size 11-010
Longth of Tool	Tubing Pressure	Casing Pressure	Chq.O.K.
Actual Prod. During Teet	Oil-Bbis.	Water-Bbis.	Gas-MCF
L_,	······		
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Teeling Method (picol, back pr.)	Tubing Presews (6hut-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		DIL CONSERVATION DIVISION	
		APPROVED MAR _1 3 198	34 19
I hereby certify that the rules and regulations of the Oil Connervation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOCD	
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Jenni B. Gleghorn		Intu form so to be filed in compliance with mut.2 1108. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.	
Production Clerk		All sections of this form must be filled out completely for allow able on new and recompleted wells.	
	<u>94</u>	Fill out only Sections 1, 11, 111, and VI for changes of owner well name or number, or transporter, or other such change of condition	

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