		_			
	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISSION	Form C-104	
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11	
	FILE /	T KEGOESI	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS RECEIVED	
	LAND OFFICE	AUTHORIZATION TO TR	AND ON TOTE AND NATURAL G		
	OIL			ED	
	TRANSPORTER GAS			Min	
	OPERATOR			AUG / 1557	
	PRORATION OFFICE	-			
1.	Operator			Appendix 50	
	l · /			ARTEBIA, DEFICE	
	Address			CICE	
	Address		•		
	Suize 20th First	<u> Matienel Bank, Altesia</u>	Other (Please explain)		
	Reason(s) for filing (Check proper box		Ofner (Please explain)		
	New Well	Change in Transporter of:	Add Account Numb	er to Lease Name	
	Recompletion	Oil Dry G		2 -	
	Change in Ownership	Casinghead Gas Conde	ensate Change location	in I lanks	
			7	/	
	If change of ownership give name and address of previous owner				
	and address of provider of the provider				
II.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including	Formation Kind of Lease	Lease No.	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 Artesia (4.0	n Harry Signa State, Federal	or Fee Sato 647	
	Location				
			ine and ??() Feet From T	na Voet	
	Unit Letter 1	Feet From TheL	the and reet from 1	ne <u>west</u>	
		wnship 13 Range	og , nmpm, E	ੀਰੇ <b>v</b> County	
	Line of Section 24 To	wnship 3 Range	, INMETON,	are y county	
			A 0		
III.	DESIGNATION OF TRANSPOR	or Condensate	AS Address (Give address to which approv	end conv of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	Adding Patroles	m Corporation	Odessa, Texas Is gas actually connected? Whe		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.			
	give location of tanks.	F   27   13   26	Yes .	l;=l;=6L;	
	If this production is commingled wi				
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on $-(X)$			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Lievations (Dr., KKB, K1, GK, etc.)	Name of Floadong : Simution	100 010 010		
				Depth Casing Shoe	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AN	ID CEMENTING RECORD	<del></del>	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<b>3</b> 7	TEST DATA AND PROUEST E	OR ALLOWARIE (Test must be	after recovery of total volume of load oil o	and must be equal to or exceed top allow-	
Ψ.	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 allo able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	Labing Liobbaro			
		OII Phile	Water-Bbls.	Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.	ndrat - DDIB.		
		<u> </u>		<u></u>	
	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.

Mishall	
(Signature)	
gistrict ingineer	
(Title)	
Mgust 4, 1967	
(D-4+)	

## OIL CONSERVATION COMMISSION

BY W. C. Brossett

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 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.