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OPERATOR	
PRORATION OFFICE	

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

MAR 5 1971

I. Operator **Kewanee Oil Company** **O. C. C.** **ARTESIA, OFFICE**

Address **P. O. Box 3786, Odessa, Texas 79760**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Jones D	Well No. 2	Pool Name, Including Formation Atoka San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I ; 2310 Feet From The South Line and 990 Feet From The East Line of Section 13 Township 18S Range 26E , NMPM, Eddy 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"/> Navajo Refg. Co., Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) North Freeman Ave., Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 18S	Rge. 26E
Is gas actually connected?		When 2-21-71		

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 checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-8-71	Date Compl. Ready to Prod. 2-19-71		Total Depth 1976'		P.B.T.D. 1953'			
Elevations (DF, RKB, RT, GR, etc.) 3291' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1734'		Tubing Depth 1654'			
Perforations 1734, 61, 94, 1818, 25, 43, 46, 50, 54, 55, 62, 92 & 96'					Depth Casing Shoe 1976'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1104'		500			
7-7/8"	5-1/2"		1976'		460			
	2-7/8"		1654'					

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 2-21-71	Date of Test 2-28-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure Open	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 92	Water - Bbls. 108	Gas - MCF 83.8

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.

Division Superintendent

March 4, 1971

OIL CONSERVATION COMMISSION

MAR 5 1971

APPROVED _____, 19

BY **W. A. Gressitt**

OIL AND GAS INSPECTOR

TITLE _____

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 spaced wells.

