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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

I.

Operator Kewanee Oil Company ✓		RECEIVED MAY 24 1971 O. C. C. ARTESIA OFFICE
Address P. O. Box 3786, Odessa, Texas 79760		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Ownership <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. 4	Pool Name, including Formation Atoka San Andres	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>18S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> 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? Yes	When 5-12-71

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 4-23-71	Date Compl. Ready to Prod. 5-10-71	Total Depth 1965'	P.B.T.D. 1949'					
Elevations (DF, RKB, RT, CR, etc.) 3285' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1710'	Tubing Depth 1846'					
Perforations 1710, 34, 60, 92, 98, 1816, 20, 23, 26, 28, 39, 63 & 73'			Depth Casing Shoe 1963.49'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
11"	8-5/8"	954.57'		400 sacks				
7-7/8"	5-1/2"	1963.49'		460 sacks				
	2-7/8"	1846'						

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 5-12-71	Date of Test 5-15-71	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. 102	Water-Bbls. 270	Gas-MCF 110.2

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.

E. J. Stubbard
(Signature)
Division Superintendent
(Title)
May 20, 1971
(Date)

40-102-102-102 OIL CONSERVATION COMMISSION

APPROVED MAY 24 1971

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 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.