c		~			
	NO. OF COPIES RECEIVED				
	DISTRIBUTION		NSERVATION COMMILSION	Form C-104 Supersedes Old C-104 and C-110	
	SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65	
	FILE VV		AND RECEIVED		
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATUR	AL GAS	
	LAND OFFICE				
			OCT 17 '8 9	3 · · ·	
	TRANSPORTER			-	
	OPERATOR		0, C, D.		
_	PRORATION OFFICE		APTENIA, OFFI		
Ι.	Operator				
	H & S Oil Company				
	Address				
	Suite 303, First National Bank Building, Artesia, NM 88210				
	Suite 303, First Nation Reason(s) for filing (Check proper box)	hal Bank Bulluing, Arces	Other (Please explain	.)	
	New Well	Change in Transporter of:			
		OII Dry Gas			
	Recompletion	Casinghead Gas Condens			
	Change in Ownership XX				
	If change of ownership give name		- Dow 1259 Carle	had NM 88220	
	and address of previous owner	Cimarron Oil Corporati	on, BOX 1339, Calls	Dau, NH 00220	
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	Kind of	Lease Lease No.	
	Lease Name		State	Federal LC27076	
	McClay	11 No Benson Quee			
	Location		H		
	Unit LetterK ; 2385	Feet From The South Line	and <u>1832</u> Feet	From TheWest	
				-11	
	Line of Section 33 Town	nship 18 Range	30 , ммрм,	Eddy County	
11	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which	approved copy of this form is to be sent)	
	Navajo		P O Drawer 159, Ar	tesia, NM 88210	
	Hare of Authorized Transporter of Casi	nghead Gas 🕅 or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)	
	Phillips 66 Natural Ga		P O Box 5050, Bart	lesville, Okla 74004	
		Unit Sec. Twp. Pge.	Is gas actually connected?	When	
	If well produces oil or liquids,		No	1	
	give location of tanks.				
	If this production is commingled with	h that from any other lease or pool, g	give commingling order numbe	er:	
IV.	COMPLETION DATA		New Well Workover Dee		
	Designate Type of Completio	011 11011			
	Designate Type of Completio			P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.	
	9/29/78	11/27/79	3460	The Death	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	GL3471	Queen	2832	2825	
	Perforations			Depth Casing Shoe	
	2832 - 2861, 3172 - 32			3450	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11 1/4	8 5/8	660	625 pet ID-3	
	7 7/8	5 1/2	3450	325 10-27-89	
	1.1/0			cha ap	
				~ /	
		DO ALLOWADIE (Test must be at	fter recovery of total volume of l	oad oil and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 houre)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)	
		11/29/79	Pump		
	7/28/79 Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
		-	-		
	24 Hour Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF	
			_	- 1	
	24	30			
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Faudiu or Taar			
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Snut-In)			
V	. CERTIFICATE OF COMPLIAN	CE		ERVATION COMMISSION	
			OCT 3 0 1989		
	I hereby certify that the rules and	regulations of the Oil Conservation			
	a laster have been complied i	with and that the information given			
	above is true and complete to the	best of my knowledge and belief.			
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		$\sim C$			
	4111	· AlX			
	Min De	mon			
	(Sign	ature)			
	<u> Partner - H & S Oil Cc</u>	mpany			
	(T	ule)			
		1989			
	(D	ate)	well name or number, or t	104 must be filed for each pool in multiply	
			Separate Forms C-104 must be filed for each pool in multiply		