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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED BY  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
DEC 03 1984  
O. C. D.  
ARTESIA, OFFICE

I. Operator  
H & S Oil Company ✓  
Address  
Suite 303, First Natl. Bank Bldg. - Artesia, NM 88210  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Ex # 2-696 unit) Feb 28, 85  
EX # 2-702 5-11-85  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lattion	Well No. 1	Pool Name, Including Formation Atoka, Glorieta, Yeso	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter 0 ; 990 Feet From The South Line and 1650 Feet From The East Line of Section 23 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 Refining Co.	Address (Give address to which approved copy of this form is to be sent) Box 159- Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 23	Twp. 18S	Rge. 26E	Is gas actually connected? No	When approx. 2/28/85

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/26/84	Date Compl. Ready to Prod. 11/22/84		Total Depth 3900		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3304 GR	Name of Producing Formation Yeso		Top Oil/Gas Pay 2880		Tubing Depth 3800			
Perforations 2880-2968, 3144-3265, 3344-3516, 3707-3723					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		292					
17 1/2"	13 3/4"		1199		All pipe set by			
12 1/2"	8 5/8"		2500		previous owner			
7 7/8"	5 1/2"		9488					

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 9/12/84	Date of Test 11/22/84	Producing Method (Flow, pump, gas lift, etc.) Pump 2"X16"	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size 12-14-84
Actual Prod. During Test	Oil-Bbls. 58	Water-Bbls. 115	Gas-MCF 45

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

*Richard R. Spence*  
(Signature)

Partner

(Title)

12/3/84

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 14 1984, 19

BY Original Signed By  
Mike Williams  
TITLE Oil & 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.