STATE OF NEW MEXICO
GY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
AUG 20 1984
O. C. D.
ARTESIA, OFFICE

DISTRIBUTION		
SANTA FE	✓	✓
FILE	✓	✓
U.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
RORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator: Marnel Pipe & Supply Co. ✓

ddress: POB 1037 Artesia, NM 88210

Reason(s) for filing (Check proper box)		Other (Please explain)
ew Well	Designate Transporter of:	
ecompletion	Oil ☐ Dry Gas ☐	
hange in Ownership	Casinghead Gas XX Condensate ☐	

change of ownership give name
d address of previous owner

ESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Welch State	3	Artesia Qn/Gb/SA	State, Federal or Fee State	647

ocation
Unit Letter 0 : 710 Feet From The South Line and 2269 Feet From The East

Line of Section 16 Township 18S Range 28E , NMPM, Eddy County

ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

ame of Authorized Transporter of Oil [X] or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Trucking Division	POB 159 Artesia, NM 88210
ame of Authorized Transporter of Casinghead Gas [X] or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	4001 Penbrook Odessa, Texas 79762

well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	16	18S	28E	Yes	8-15-84

his production is commingled with that from any other lease or pool, give commingling order number:

OMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
erforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST DATA AND REQUEST FOR ALLOWABLE (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)
L WELL

ate First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
ngth of Test	Tubing Pressure	Casing Pressure	Choke Size
tual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RTIFICATE OF COMPLIANCE

ereby certify that the rules and regulations of the Oil Conservation ision have been complied with and that the information given ve is true and complete to the best of my knowledge and belief.

Wilma Printzen
(Signature)

Bookeeper
(Title)

8-15-84
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 22 1984, 19

BY Leslie A. Clements

TITLE SUPERVISOR, DISTRICT II

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 multiple