		1			
	NO. OF COPIES RECEIVED	_			
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMM	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE VV	1	AND	Ellective 1-1-05	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	L GAS	
	LAND OFFICE				
	TRANSPORTER OIL V				
	GAS V				
	OPERATOR V	1			
1	PRORATION OFFICE	1			
	Operator				
	H & S OIL COMPANY				
	Address	······································			
	SUITE 303 FIRST NATIO	NAL BANK BLDG. ARTESIA N	M 88210		
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:			
		Oil Dry Ga			
	Recompletion	Casinghead Gas Conder			
	Change in Ownership	Casingheda Gas Conder			
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE	ormation Kind of Le		
	Lease Name	Well No. Pool Name, Including F			
	LATTION	3 ATOKA, GLORII	ETA YESO State, Fed	leral or Fee FEE	
	Location				
	Unit letter I - 19	980' Feet From The <u>South</u> Lin	e and 660! Feet Fro	om The East	
	· · · · · · · · · · · · · · · · · · ·				
	Line of Section 23 Toy	vnship 185 Range	26Е , ММРМ,	Eddy County	
	23				
1 2 2	DESIGNATION OF TRANSPOR	FER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	y or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)	
			P.O. Box 159 Artesi	a NM 88210	
	NAVAJO REFINING COMPAI			proved copy of this form is to be sent)	
	PHILLIPS PETROLEUM COL	Unit Sec. Twp. Rge.	P.O. BOX 5050 BARTLE	When	
	If well produces oil or liquids,			7/30/85	
	give location of tanks.	0 23 18S 26E	, <u>, , , , , , , , , , , , , , , , , , </u>	// 30/85	
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic				
	Designate Type of Completic	<u> </u>	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	5-10-85	8-27-85	3667'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3304 GR	Yeso	2812	3667	
	Perforations			Depth Casing Shoe	
		.50 cal, 3153 - 3576 18	holes .50 cal.		
	2812 - 3070 10 hores		CEMENTING RECORD		
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLESIZE		932'	600 sks.	
	11 3/4"	8 5/8"		680 sks.	
	7 7/8"	5 1/2"	3667"	000 5K5.	
		× 77	- 667		
		237			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load opth or be for full 24 hours)	oil and must be equal to or exceed top allow- 1052 ID-2	
	UIL WELLS		Producing Method (Flow, pump, ga		
	Date First New Oil Hun To Tanks			0-20-02	
	7/17/85	7/30/85	Pumping Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	24 hrs		Weter Bhis		
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.		
		20	150	trace 🧹	
	GAS WELL		1		
	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	
			1		
1/1	CERTIFICATE OF COMPLIAN	CF	OIL CONSER	VATION COMMISSION	
¥1.	I hereby certify that the rules and regulations of the Oil Conservation				
			APPROVED AUG 29 1985, 19		
	above is true and complete to the	we is true and complete to the best of my knowledge and belief.		BYOriginal Signed By	
	$\int \Lambda \Lambda \Lambda$		Les A. Clement:		
	1 11.11/10		TITLE Supervisor District of		
	Newbert & Spencer		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.		
			tests taken on the well in ac		
	Partner (Tille)		All sections of this form able on new and recompleted	must be filled out completely for allow- wells.	
	8-27-85		Fill out only Sections I. II. III. and VI for changes of owner,		
	(Date)		well name or number, or transporter, or other such change of condition.		
	///	ate)	well name or number, or trans	porten or other such change of condition	
	(D	ate)	well name or number, or trans Separate Forms C-104 n completed wells.	must be filed for each pool in multiply	