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NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OCT 30 1985
O. C. D.
ARTESIA, OFFICE

Operator
H & S OIL COMPANY

Address
SUITE 303, First National Bank Bldg. Artesia, NM 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Williams	Well No. 14	Pool Name, including Formation Atoka, Glorieta, Yeso	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 25 Township 18S Range 26E , NMPM, Eddy County				

I. 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 Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, NM 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 5050 Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks.	Unit C Sec. 25 Twp. 18 Rge. 26 Is gas actually connected? Yes When 8/23/85

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-2-85	Date Compl. Ready to Prod. 8-23-85		Total Depth 3750		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3288 GR	Name of Producing Formation Yeso		Top Oil/Gas Pay 2921		Tubing Depth 3550			
Perforations 2921-3574				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 1/4	8 5/8	961.48	400sks+2#S-1 200sks High
8 5/8	5 1/2	3720.42	150sksSDLIIIw/1lb D-29
	2 7/8	3550	5#D-44 300 sks 3# D-44

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 10-2-85	Date of Test 10-7-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size 2
Actual Prod. During Test	Oil-Bbls. 33	Water-Bbls. 191	Gas-MCF tstm

*Part ID-2
11-8-85
Camp & AK*

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.

Robert R. Spencer
(Signature)
Partner
(Title)
10-29-85
(Date)

OIL CONSERVATION COMMISSION

OCT 31 1985

APPROVED _____, 19 _____

BY _____
Original Signed By
Les A. Clements
Supervisor District II

TITLE _____

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.