

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
TRANSPORT OIL AND NATURAL GAS

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

AUTHORIZATION BY
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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No.
Williams	14
Pool Name, including Formation	
Atoka, Glorieta, Yeso	
Kind of Lease	Lease No.
State, Federal or Fee	Fee
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

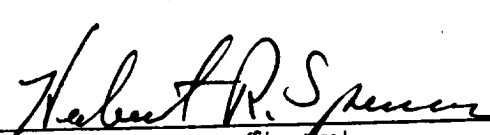
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	P.O. Box 5050 Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 25 18 26 Yes 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
	X X X
Date Spudded	Date Compl. Ready to Prod.
8-2-85	8-23-85
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
3288 GR	Yeso
Perforations	Top Oil/Gas Pay
2921-3574	2921
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
11 1/4	8 5/8
8 5/8	5 1/2
DEPTH SET	
961.48	
3720.42	
SACKS CEMENT	
400sks+2#S-1 200sks High	
Early +2# S-1	
150sksSDLIIIw/4lb D-29	
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	Date of Test
10-2-85	10-7-85
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
24	Pump
Actual Prod. During Test	Casing Pressure
	Choke Size
	Water-Bbls.
	Gas-MCF
	191
	tstm

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
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.	
	
Partner	(Title)
10-29-85	(Date)

OIL CONSERVATION COMMISSION	
OCT 31 1985	
APPROVED	19
BY	Original Signed By
	Les 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 multiply completed wells.	