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NEW MEXICO OIL CONSERVATION COMMISSION ON  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

FEB 24 1986

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 ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Williams	Well No. 15	Pool Name, Including Formation Atoka, Glorieta, Yeso	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>18S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> 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 Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 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, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 18	Rge. 26	Is gas actually connected? yes	When 2-17-86

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 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 11-25-85	Date Compl. Ready to Prod. 1-12-86		Total Depth 3750		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3295 GR	Name of Producing Formation Yeso		Top Oil/Gas Pay 2875		Tubing Depth 3450			
Perforations 2875-3214, 3370-3494						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
11 1/4	8 5/8	967.18	400sks	LW#4 2%KCL+1/2#Celloflake				
			200sks	HEII w/ 2% CaCl				
8 5/8	5 1/2	3759.81	350sks	DLWIII w/5#D-44+1/2# D-29				
(tubing - 2 7/8		3450)	250sks	Standard +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)

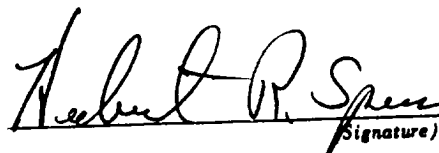
Date First New Oil Run To Tanks 1-12-86	Date of Test 2-17-86	Producing Method (Flow, pump, gas lift, etc.) Pump		Choke Size (X)
Length of Test 24 Hrs	Tubing Pressure	Casing Pressure	Gas-MCF	
Actual Prod. During Test	Oil-Bbls. 30	Water-Bbls. 225	25	

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.

  
Signature)

Partner

(Title)

2-21-86

(Date)

OIL CONSERVATION COMMISSION

FEB 27 1986

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_  
Original Signed By  
Les A. Clements

TITLE \_\_\_\_\_  
Supervisor District 11

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.