1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE Operator Steve Sell Address P. O. Box 5061, Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	REQUEST IN AUTHORIZATION TO TRA RECEIVED BY FEB -9 1987 O. C. D. ARTESIA, OFFICE	Other (Please explain) Gas connection	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND LEASE Lease Name Cal-Mon State 1 Loco Hills, Q, GR, SA State, Federal or Fee State Location Unit Letter L 2310 Feet From The South Line and 990 Feet From The West Line of Section 16 Township 18S Range 29E , NMPM, Eddy County			
	Entert decision To			
III.	Phillips Petroleum Co. Phillips Petroleum Unit Sec. Twp. Fige.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, Texas 79702 Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.	L 16 18S 29E	Yes	1-27-87
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Oil Well Gas Well	New Well Workover Deepen Total Depth Top Oil/Gas Pay	N/A Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth
	Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD				
	: HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
• •	THE PARA AND BEQUEST SE	DD ATTOWARTE (Terr must be of	ter recovery of total volume of load oil of	and must be equal to or exceed top allow-
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oii-Bbis.	Water - Bbls.	Gas - MCF
	Actual Float Barring 1-05			35 MCF
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test		Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	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. Biggs Classic (Signature) Agent (Title) February 5, 1987		OIL CONSERVATION COMMISSION FEB 1 9 1987 Original Signed By District II This form is to be filed in compliance with RULE 1104. If this is a request for sllowable 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.	