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TRANSPORTER	OIL
	GAS
RELATOR	
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Operator	

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

JUN 16 '88

O. C. D.
ARTESIA, OFFICE

Steve Sell

Address
P. O. Box 5061, Midland, Texas 79704

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)

Change of ownership, give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Cal-Mon State	6	Loco Hills-Q-GR-SA	State, Federal or Private	50-4-104
Location				
Unit Letter	N	1650	Feet From The	W
Line and	467	Feet From The	S	
Line of Section	16	Township	18S	Range
			29E	NMPM,
			Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline	P. O. Box 2528, Hobbs, NM 88241					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co.	P. O. Box 791, Midland, TX 79702					
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	16	18S	29E	Yes	6-13-88

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

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					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-13-88	6-9-88	2920'	2910'					
Deviations (DF, RNB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3550' Grd.	Grayburg	2507'	2665'					
Information			Depth Casing Shoe					
2507-2625 w/16			2920'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8" 24#	330'	300
7 7/8"	5 1/2" 15.5#	2920'	625

Post ID-2
7-1-88
Camp & BK

BEST 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)

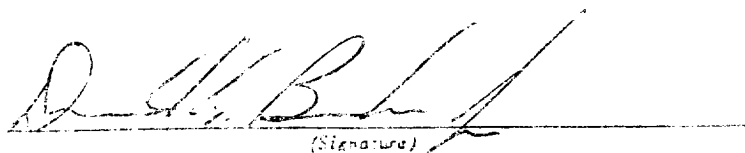
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-12-88	6-13-88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	N/A	N/A	N/A
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	30	30	5

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

Agent

(Title)

OIL CONSERVATION COMMISSION

APPROVED JUN 23 1988

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 1104.

All sections of this form must be filled out completely for submission on new and recompleted wells.

6-16-88