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June 19, 1969

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION 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 JUN 2 0 1969 O. C. C. ARTERIA, OFFICE rico 88240 Other (Please explain) Change in oil transporter, effective May 29, 1969 Change in Transporter of: New Well X Recompletion Oil Dry Gas Change in Ownership Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Bidy "BN" State (NCT-A) Rest Millman Queen Gbr. State B-1051-1980 660 Feet From The **South** Line and Feet From The Rest 19-8 28-I Mdy Township Range , NMPM Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Herth Frequen Averuse, Artesia, New Mexico 88210
Address (Give address to which approved copy of this form is to be sent) or Dry Gas Phillips Petroleum Co. Phillips Building, Odessa, Texas Unit Sec. Twp. Rge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. F : 13 19-8 | 28-E Yes <u>9-13-60</u> If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Plug Back Gas Well New Well Workover Deepen Same Res'v. Diff. Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE **DEPTH SET** (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test Ggs - MCF Oil-Bbls. Water - Bbls. Actual Prod. During Test **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 OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. OIL AND GAS INSPECTOR TITLE ORIGINAL SIGNED BY This form is to be filed in compliance with RULE 1104. C. D. BORLAND 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. (Signature) Area Production Manager 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.