NO. OF COPIES RECE	5	
DISTRIBUTIO		
SANTA FE		
FILE	1-	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR	2	
PRORATION OF		

Senior Petroleum Engineer

March 11, 1965

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION COMMILISION REQUEST FOR ALLOWABLE

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

FILE /-		0 -0 1	AND	T OUL AND NAT		A C	
U.S.G.S.	AUTHORIZATIO	N 10 IRAN	137UK	I UIL AND NAT	UKAL G		
TRANSPORTER OIL /	mr v -				10	)	
GAS					U		
OPERATOR 2							
PRORATION OFFICE Operator						RECEIV	/ F D
APCO OIL CORPORA	ATION				<u></u>	K E L E I V	E D
Address		Cu + O	-7 alaam	- 73109		1 5 1	nce
	k Bldg., Oklahoma	CITY, OR	CTSTION.	Other (Please exp	olain)	MAR 151	365
Reason(s) for filing (Check proper bo	x) Change in Transporte	er of:		Office (1 tease exp		o. c. c	1
Recompletion	Oil	Dry Gas	. [			ARTESIA, OF	•
Change in Ownership	Casinghead Gas	Condens	sate	Trom Ker	wood	aillo	
If change of ownership give name	Kenwood Oil Com	mante Bos	- 227	Maria Okta	home	·	
and address of previous owner	Weumood off com	iparty, 202	K 201,	TUIDE, ONLE	ELECTRICA I		
DESCRIPTION OF WELL AND	LEASE						
Lease Name	Well			ling Formation		Kind of Lease	Federal
Ginsberg A	2	Shuga	art	Queen	<del>-</del> -	State, Federal or F	'ee
Location		_		660		he W Line O	e 1878/);
Unit Letter <b>Q</b> ;	660 Feet From The	<b>S</b> Line	e and		eet From 'l	he W IIIIe O	T HB/ 4
Line of Section 17 , T	ownship 188	Range	31E	, NMPM,	Eddy		County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NA	TURAL GA	S	s (Give address to w	hich approv	ed copy of this form	is to be sent)
Name of Authorized Transporter of C				x 1510, Mid			ŕ
Texas-New Mexico P	asinghead Gas or Dry	y Gas	Address	Give address to w	hich approi	ed copy of this form	is to be sent)
TSTM							
If well produces oil or liquids,	Unit Sec. Twp		Is gas a	actually connected?	Whe	en	
give location of tanks.	A 17 18		ļ				
If this production is commingled v	vith that from any other le	ease or pool,	give con	nmingling order nu	mber:		
COMPLETION DATA	Oil Well	Gas Well	New We	ll Workover	Deepen	Plug Back Same	Res'v. Diff. Res
Designate Type of Complet	zion - (X)	1				i I	1
Date Spudded	Date Compl. Ready to Pr	rod.	Total D	epth		P.B.T.D.	
	(5)		Ton Oil	I/Gas Pay		Tubing Depth	
Pool	Name of Producing Form	iditor.	Top on	/ dd5 1 dy			
Perforations						Depth Casing Sho	е
			CEME	NTING RECORD		SVCKS	CEMENT
HOLE SIZE	CASING & TUBI	NG SIZE		DEPTH SET		SACKS	CEMICINI
•							
			<u> </u>				
TEST DATA AND REQUEST	FOR ALLOWABLE	Test must be a	fter recou	very of total volume for full 24 hours)	of load oil	and must be equal to	o or exceed top al
OIL WELL  Date First New Oil Run To Tanks	Date of Test	Jose joi titts de		ing Method (Flow, p	ump, gas li	ft, etc.)	
							, <u></u>
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
	0/1 771		Water-	Bhls.		Gas-MCF	,
Actual Prod. During Test	Oil-Bbls.		water-	DNIS.			
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
	m 1: -		C=-:	Droscura		Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure		Casing	Pressure		Choke Size	
CEDENTICATE OF COMPANY	NCE			OIL CC	NSFRV	ATION COMMIS	SION
CERTIFICATE OF COMPLIA	INCE				AR 1 5		
I hereby certify that the rules ar	nd regulations of the Oil (	Conservation	11	ROVED	WI T )	1000	, 19
Commission have been complied	d with and that the infor	rmation given	li .	mslin	nest	roug	
above is true and complete to the best of my knowledge and belief.			01_	WAL AND MAR ABBRESTON			
			TITL	LE			
	( )-			This form is to b			
T. K. Snodgrass (Signature)			If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi				
T. K. Snodgrass (S	ignature)		well	, this form must t	dia seco	rdance with BIII	F 111.

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 Sections I, II, III, and VI only 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.