

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRORATION OFFICE	

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-111
 Effective 1-1-65

RECEIVED

AUG 22 1973

I. Operator B. & A. Operating Company, O. C. C.
 Address P.O. Box 136, Lovington, N.M. 88260 / ~~ARTESIA, DEERBORN, Bell Specialties Co., 207 N. Amburgey, Odessa, Tx.~~
 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 Atlantic Richfield Co. P.O. Box 352, Midland, Tx.

II. DESCRIPTION OF WELL AND LEASE (Hondo O. & G.)
 Lease Name Culwin Queen Unit. Well No. 6 Pool Name, including Formation Shugart - Queen. Kind of Lease Fed. Lease No.
 Location
 Unit Letter L.; 1980 Feet From The S. Line and 592 Feet From The W.
 Line of Section 31 Township 18S. Range 31E., NMPM, Eddy. County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas - New Mex. Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1510, Midland, Tx. 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips, (Out of Service) - Address (Give address to which approved copy of this form is to be sent)
 If well produces oil or liquids, give location of tanks. Unit P Sec. 36 Twp. 18S Rge. 30E. Is gas actually connected? No. When

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

V. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

VI. 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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Length of Test Tubing Pressure Casing Pressure Choke Size
 Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
 Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Grav. ty 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.
D. R. Bell [Signature]
 Operations Manager.
 July. 1, 1973.
 (Date)

OIL CONSERVATION COMMISSION
 AUG 30 1973
 APPROVED _____, 19____
 BY W. A. Gressett
 TITLE OIL AND 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 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 multiple.