

5
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION 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-110
Effective 1-1-65

JUL 23 11 49 AM '65

RECEIVED

Reason(s) for filing (Check proper box)
New Well
Change in ownership
Change in transporter
Change in casinghead gas
Change in condensate
Change in dry gas
Other (Please explain)
ARTESIAN FOUNTAIN

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Duncan Federal
Well No.: 1
Pool Name, including Formation: Lusk Strawn
Kind of Lease: Federal
Location: Unit Letter A, 760 Feet From The North Line and 990 Feet From The East
Line of Section 27, Township 19-S, Range 31-E, NMPM, Bldy, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate: Texas-New Mexico Pipe Line Company
Address: Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas or Dry Gas: Continental Oil Company
Address: Box 460, Hobbs, New Mexico
If well produces oil or liquids, give location of tanks: Unit A, Sec. 27, Twp. 19-S, Rge. 31-E, Yes, 7-17-65

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

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Pool
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Perforations
Depth Casing

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

V. 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
Gravity of Condensate
Testing Method (pitot, back pr.)
Tubing Pressure
Casing Pressure
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.
J.T. Carnes
District Production Personnel
July 22, 1965

OIL CONSERVATION COMMISSION
APPROVED JUL 27 1965
BY
TITLE
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 Sections I, II, III, and VI only for changes in well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in partially completed wells.