			•	
NO. OF COPIES RECEIVED	*-			
DISTRIBUTION	NEWAENICOOL	201022		
SANTA FE	1	CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11	
FILE	REQUES	REQUEST FOR ALLOWABLE AND		
U.S.G.S.	ALITHORIZATION TO TR	RANSPORT OIL AND NATURAL G	3AS	
LAND OFFICE	ASTROKIZATION TO TK	CARSI OR FOR ARD HATORAE O.		
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
WESTALL - MAS	(V			
Address 1/177	ROSWELL NM 88201			
Reason(s) for filing (Check proper b		Other (Please explain)		
New Weil	Change in Transporter of:	DESIGNATION	OF GAS TRANSPORTER	
Recompletion	Oil Dry (OF GAS TRANSFORTER	
Change in Ownership	Casinghead Gas Cond	lensate		
DESCRIPTION OF WELL AND Lease Name HINKLE "B" FEDE	D LEASE Well No. Pool N	Name, including Formation HUGART - YATES	Kind of Lease FED State, Federal or Fee LC 0293	
DESCRIPTION OF WELL AND Lease Name HINKLE "B" FEDE	D LEASE RAL 2 SH		State, Federal or Fee LC 02939	
DESCRIPTION OF WELL AND Lease Name HINKLE "B" FEDE Location Unit Letter N ; 33	D LEASE RAL Vell No. Pool N 2 SH O' Feet From The SOUTH		State, Federal or Fee LC 02930	
DESCRIPTION OF WELL AN Lease Name HINKLE "B" FEDE Location Unit Letter N; 33 Line of Section 27	D LEASE RAL 2 SH O' Feet From The SOUTH Cownship 18 SOUTH Range 2 RTER OF OIL AND NATURAL G	Ine and 2310 Feet From T	State, Federal of Fee LC 02939	
DESCRIPTION OF WELL AN Lease Name HINKLE "B" FEDE Location Unit Letter N; 33 Line of Section 27	DLEASE RAL 2 SH O' Feet From The SOUTH Fownship 18 SOUTH Range 2 RTER OF OIL AND NATURAL G	Ine and 2310 Feet From T S1 EAST , NMPM, EDDY HAS Address (Give address to which approv	State, Federal or Fee C 02939 the WEST County ed copy of this form is to be sent)	
DESCRIPTION OF WELL AN Lease Name HINKLE "B" FEDE Location Unit Letter N; 33 Line of Section 27 Name of Authorized Transporter of C	DIEASE RAL 2 SH O' Feet From The SOUTH Fownship 18 SOUTH Range 2 BTER OF OIL AND NATURAL G DII To or Condensate L PURCHASING CO	Address (Give address to which approved BOX 175, ARTESIA N	State, Federal or Fee C 02939 the WEST County ed copy of this form is to be sent) 88210	
DESCRIPTION OF WELL AN Lease Name HINKLE "B" FEDE Location Unit Letter N; 33 Line of Section 27 DESIGNATION OF TRANSPO Name of Authorized Transporter of C NAVAJO CRUDE OI Name of Authorized Transporter of C	DLEASE RAL 2 SH O' Feet From The SOUTH Cownship 18 SOUTH Hange RTER OF OIL AND NATURAL GOIL Or Condensate L PURCHASING CO Casinghead Gas or Dry Gas	Address (Give address to which approved Address (Give ad	State, Federal or Fee C 02939 the WEST County ed copy of this form is to be sent) A 88210 ed copy of this form is to be sent)	
DESCRIPTION OF WELL AN Lease Name HINKLE "B" FEDE Location Unit Letter N; 33 Line of Section 27 DESIGNATION OF TRANSPO Name of Authorized Transporter of NAVAJO CRUDE OI Name of Authorized Transporter of PHILLIPS PETR.	DLEASE RAL 2 SH O' Feet From The SOUTH Cownship 18 SOUTH Range BTER OF OIL AND NATURAL G DIT or Condensate L PURCHASING CO Casinghead Gas or Dry Gas CO	Address (Give address to which approved BOX 175, ARTESIA NA Address (Give address to which approved BARTLESVILLE, OKLAH	State, Federal or Fee C 02939 The WEST County d Copy of this form is to be sent) d 88210 ed copy of this form is to be sent) HOMA 74003	
DESCRIPTION OF WELL AN Lease Name HINKLE "B" FEDE Location Unit Letter N; 33 Line of Section 27 DESIGNATION OF TRANSPO Name of Authorized Transporter of C NAVAJO CRUDE OI Name of Authorized Transporter of C	DLEASE RAL 2 SH O' Feet From The SOUTH Cownship 18 SOUTH Hange RTER OF OIL AND NATURAL GOIL Or Condensate L PURCHASING CO Casinghead Gas or Dry Gas	Address (Give address to which approved Address (Give ad	State, Federal or Fee C 02939 The WEST County ed copy of this form is to be sent) A 88210 ed copy of this form is to be sent) HOMA 74003	
DESCRIPTION OF WELL AN Lease Name HINKLE "B" FEDE Location Unit Letter N ; 33 Line of Section 27 DESIGNATION OF TRANSPO Name of Authorized Transporter of (NAVAJO CRUDE OI Name of Authorized Transporter of (PHILLIPS PETR. If well produces oil or liquids, give location of tanks. If this production is commingled	DLEASE RAL 2 SH O' Feet From The SOUTH Cownship 18 SOUTH Range RTER OF OIL AND NATURAL GO L PURCHASING CO Casinghead Gas or Dry Gas CO Unit Sec. Twp. Rge.	AS Address (Give address to which approve BOX 175, ARTESIA NA Address (Give address to which approve BARTLESVILLE, OKLAH Is gas actually connected? Whe YES	State, Federal or Fee LC 02939 the WEST (County ed copy of this form is to be sent) A 88210 ed copy of this form is to be sent) HOMA 74003 T 5.28.74	
DESCRIPTION OF WELL AND Lease Name HINKLE "B" FEDE Location Unit Letter N ; 33 Line of Section 27 DESIGNATION OF TRANSPO Name of Authorized Transporter of C NAVAJO CRUDE OI Name of Authorized Transporter of C PHILLIPS PETR. If well produces oil or liquids, give location of tanks.	DLEASE RAL 2 SH O' Feet From The SOUTH Cownship 18 SOUTH Range RTER OF OIL AND NATURAL G DII Or Condensate L PURCHASING CO Casinghead Gas or Dry Gas CO Unit Sec. Twp. Rge. N 27 18 31 with that from any other lease or pool	AS Address (Give address to which approve BOX 175, ARTESIA NA Address (Give address to which approve BARTLESVILLE, OKLAH Is gas actually connected? Whe YES	State, Federal or Fee LC 02939 the WEST (County ed copy of this form is to be sent) A 88210 ed copy of this form is to be sent) HOMA 74003	
DESCRIPTION OF WELL AN Lease Name HINKLE "B" FEDE Location Unit Letter N; 33 Line of Section 27 DESIGNATION OF TRANSPO Name of Authorized Transporter of C NAVAJO CRUDE OI Name of Authorized Transporter of C PHILLIPS PETR: If well produces oil or liquids, qive location of tanks. If this production is commingled COMPLETION DATA	DLEASE RAL 2 SH O' Feet From The SOUTH Cownship 18 SOUTH Range RTER OF OIL AND NATURAL G DII Or Condensate L PURCHASING CO Casinghead Gas or Dry Gas CO Unit Sec. Twp. Rge. N 27 18 31 with that from any other lease or pool	AS Address (Give address to which approve BOX 175, ARTESIA No. Address (Give address to which approve BARTLESVILLE, OKLAH Is gas actually connected? Whe YES 1, give commingling order number:	State, Federal or Fee LC 02939 the WEST (County ed copy of this form is to be sent) A 88210 ed copy of this form is to be sent) HOMA 74003	
DESCRIPTION OF WELL AN Lease Name HINKLE "B" FEDE Location Unit Letter N; 33 Line of Section 27 DESIGNATION OF TRANSPO Name of Authorized Transporter of One Name of Authorized Transporter of One of	DLEASE RAL 2 SH O' Feet From The SOUTH Cownship 18 SOUTH Range BTER OF OIL AND NATURAL G DIT or Condensate L PURCHASING CO Casinghead Gas or Dry Gas CO Unit Sec. Twp. Rge. N 27 18 31 with that from any other lease or pool tion - (X)	Address (Give address to which approved BOX 175, ARTESIA NAME Address (Give address to which approved BARTLESVILLE, OKLANDES) Is gas actually connected? Whe YES New Well Workover Deeper.	State, Federal or Fee C 02939 The WEST County A 88210 ed copy of this form is to be sent) HOMA 74003 Delta Same Restv. Diff. Restriction	
DESCRIPTION OF WELL AND Lease Name HINKLE "B" FEDE Location Unit Letter N : 33 Line of Section 27 DESIGNATION OF TRANSPO Name of Authorized Transporter of C NAVAJO CRUDE OI Name of Authorized Transporter of C PHILLIPS PETR. If well produces oil or liquids, give location of tanks. If this production is commingled COMPLETION DATA Designate Type of Comple Date Spudded	DLEASE RAL 2 SH O' Feet From The SOUTH Fownship 18 SOUTH Range BTER OF OIL AND NATURAL Good or Condensate L PURCHASING CO Casinghead Gas or Dry Gas CO Unit Sec. Twp. Rge. N 27 18 31 with that from any other lease or pool tion — (X) Date Compl. Ready to Prod.	Address (Give address to which approvate BOX 175, ARTESIA NAMED Address (Give address to which approvate BARTLESVILLE, OKLANDES) Is gas actually connected? Whe YES In give commingling order number: New Well Workover Deepen	State, Federal or Fee C 02939 the WEST County A 88210 ed copy of this form is to be sent) HOMA 74003 Down State of the sent of the s	

	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<u>, , , , , , , , , , , , , , , , , , , </u>				
	<u> </u>	1		
TEST DATA <mark>and request 1</mark> DIL Well	FOR ALLOWABLE (Test must be able for this d	epth or be for full 24 hours)	d oil and must be equal to or exceed top allo	
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-Bble.	Water-Bbls.	Gas - MCF	
•			45,000	

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		
			1		

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.

Dash Miss	h)		
1 0010 111001	(Signature)		
/ CO-OWNER			
5/29/74	(Title)	•	

OIL CONSERVATION COMMISSION

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 descended 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 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 moleted wells.