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	GAS		
OPERATOR		1	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE	_	AND						
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G						
TRANSPORTER OIL GAS	_		RECEIVED					
OPERATOR I PROBATION OFFICE	_		JUN 26 1980					
Operator Rose Sarson	RISES PRODUCTION CO		O. C. D.					
Address		MIY HN Y	ARTESIA, OFFICE					
Reason(s) for filing (Check proper box	MISLAND, Tx. 79702	Other (Please explain)	Deales					
New Well	Change in Transporter of:	TEST DIL: 1000 B	BLS., REQUEST 1931-8795. FOR					
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens		CLEARANCE					
f change of ownership give name	_	J. San Clark, March	AFU.					
DESCRIPTION OF WELL AND	LEASE							
Lease Name PALMILLO STA	Lease No. Well No. Pool Nam	NoLFCAMP	Kind of Lease State, Federal or Fee					
Unit Letter J; 19	Yo Feet From The SOUTH Line	e and 1980 Feet From	The <u>EAST</u>					
Line of Section To	ownship 195 Range	28E , NMPM,	EDDY County					
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S						
Name of Authorized Transporter of Ol	or Condensate	Box 1183 : Houste						
Name of Authorized Transporter of Co	okatio > (Mukhhy) asinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)					
	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en					
If well produces oil or liquids, give location of tanks.	J 19 195 28E							
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:						
Designate Type of Complete	ion - (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					
TEST DATA AND REQUEST 1			 ! and must be equal to or exceed top allou					
OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) 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					
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION					
I hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED JUL	1980 , 19					
If this is a request for allowable for a well, this form must be accompanied by a t tests taken on the well in accordance with		VMMan -						
		TITLE OIL AND GAS INSPECTUB 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.						
					JUNE	75 1980	Fill out only Sections I.	II. III. and VI for changes of owner
						(Date)	Separate Forms C-104 mu	rter, or other such change of condition st be filed for each pool in multipl
							completed wells.	•