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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE		T	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIE

Form C-104 10

FILE		DEST FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.		CELANDED OTRANSPORT OIL AND N		
LAND OFFICE			ATURAL GAS	
TRANSPORTER OIL	M/	AR 9 - 1972		
OPERATOR GAS	_			
PRORATION OFFICE	•	O. C. C.		
Operator	ARI	ESIA, OFFICE		
Cerinne Grace				
Address c/e Oil Reports & Ga	s Services, Inc., Box	763. Hobbs. New Mex	ice 88240	
Reason(s) for filing (Check proper l		Other (Please		
New Well	Change in Transporter of:			
Recompletion	Oil	Ory Gas	·	
Change in Ownership	Casinghead Gas	Condensate		
If change of ownership give name and address of previous owner	•			
DESCRIPTION OF WELL AN				
Lease Name City of Carlabad Com	Well No. Pool Name, Inc.	*** * * .	Cird of Lease Lease No. State, Federal or Fee State & Fee K-675	
Location Unit Letter 0 6	60 Feet From The South	1980	Fact From The East	
25	22 S	26 F	Feet From The Lddy	
Line of Section	Township Rar	nge , NMPM,	County	
DESIGNATION OF TRANSPO				
Name of Authorized Transporter of C	or condensate	Address (Give adaress to	which approved copy of this form is to be sent)	
Name of Authorized Transporter of (which approved copy of this form is to be sent)	
Transwestern Pipelin			sten, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. F	Rge. Is gas actually connected Yes	? 2/25/72	
If this production is commingled	with that from any other lease o	r pool, give commingling order n		
COMPLETION DATA				
Designate Type of Comple		Well New Well Workover	Deepen Plug Back Same Restv. Diff. Restv.	
Date Spudded 9/15/70	Date Compl. Ready to Prod. 3/2/71	Total Depth	P.B.T.D.	
• •	1	11,970	11,934	
Elevations (DF, RKB, RT, GR, etc. 3226 DF	Herrow	Top Oil/Gas Pay 11,566	Tubing Depth 11,565	
Perforations	- 		Depth Casing Shoe	
11,566-11,572	TIPNIA ALEM	A 445 CENEVENIA DECCE	11,969	
HOLE SIZE	CASING & TUBING SIZ	G, AND CEMENTING RECORD DEPTH SET	SACKS CEMENT	
17 1/2	13 3/8	364	500	
11 3/4	8 5/8	5420	1650	
7 7/8	5 1/2	11,969	1025	
	2 7/8	11,565		
TEST DATA AND REQUEST OIL WELL		ist he after recovery of total volume this depth or be for full 24 hours)	of load oil and must be equal to or exceed top allow-	
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-Bbis.	Water-Bbls.	Ggs • MCF	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
GAS WELL Actual Prod. Test-MCF/D	Transh of Tool	Dis Control And Con		
CAOF 10,599	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	Choke Size	
4-Point test	3138#	Pkt		
CERTIFICATE OF COMPLIA	NCE	OIL CO	INSERVATION COMMISSION	
	Languistina of the Oil Conner	APPROVED	MAR 1 0 1972 19	
I hereby certify that the rules and Commission have been complied	with and that the information	ZiVan i	P. Harran	
bove is true and complete to the	ne best of my knowledge and ?		1 X X I WOULD	
		TITLE	el and gas inspector	
1.6	1	This form is to be	e filed in compliance with RULE 1104.	
Wonnia Holles		If this is a reques	at for allowable for a newly drilled or deepened	
(Signature) Agent		well, this form must be tests taken on the we	e accompanied by a tabulation of the deviation is in accordance with RULE 111.	
	itle)	All sections of th	is form must be filled out completely for allow-	
3/8	3/72	able on new and recor	tions I. II. III. and VI for changes of owner,	
(Date)		well name or number.	well name or number, or transporter, or other such change of condition.	