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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		
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-110
Effective 1-1-65

OCT 26 1972

Operator		O. C. C.	
Corinne Grace		ARTESIA. OFFICE	
Address			
P. O. Box 11418 Carlsbad, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

Lease Name		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Go Po Go		2	Wildcat	State, Federal or Fee	Fee
Location					
Unit Letter	G	1980	Feet From The North	Line and	1980
Line of Section		24	Township	22 S	Range
				26E	
				NMPM,	Eddy
					County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company		P. O. Box 2521 Houston, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Ege.
			Is gas actually connected?
			When
			No/yes
			10-30-72

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

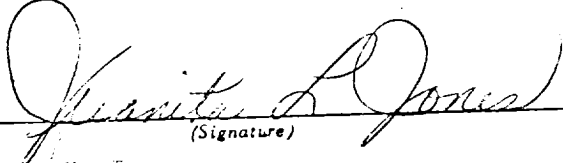
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
			X	X					
Date Spudded	6/29/71	Date Compl. Ready to Prod.	9/23/72	Total Depth	12,012	P.B.T.D.	11,765		
Elevations (DF, RKB, RT, GR, etc.)	3162 GR	Name of Producing Formation	Morrow	Top Oil/Gas Pay	11,382	Tubing Depth	11,366		
Perforations	11385-404, 11394-404, 11382-394, 11424-434, 11454-60, 11480-82, 11454-460	Depth Casing Shoe	11,810						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
17 1/2	13 3/8	319	200 Lt. wt. & 100 Cl. "C"						
12 1/4	9 5/8	5328	1500 Tr. Lt. wt. & 400 Cl. "C"						
8 1/4	7	11810	1st. str. 160 Cl. "H", 2nd 400 Lt. wt.						
	2 7/8	11,366							

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	

Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
811.75		7 hrs.	0	
Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pr.		3231	Pkr.	variable

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.

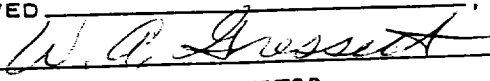

(Signature)

(Title)

October 12, 1972
(Date)

OIL CONSERVATION COMMISSION
NOV 6 1972

APPROVED _____, 19____

BY 

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 multiply