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U.S.G.S.			<u> </u>	
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL	<u> </u>	L	
	GAS	1		
OPERATOR		1		
		7	T	

7 December, 1976

(Date)

NEW MEXICO OIL CONSERVATION COMMIL, ON 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

	LAND OFFICE						
	TRANSPORTER OIL	RITER OIL GAS / RECEIVED					
	OPERATOR /						
1.	PRORATION OFFICE		DEC 9 1976				
	Operator	-rani 1	114.00 101.0				
	Morris R. Antweil						
		bs, New Mexico 88240) ARTESIA. DEFIGE				
	Reason(s) for filing (Check proper box)	*	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas	Æ				
	Change in Ownership	Casinghead Gas Conden	sate 🗌 📝 .				
			- / 14				
	If change of ownership give name and address of previous owner	£ - 3	667 4-1-78				
	and address of previous owner	FASE S. Carlston	_				
II.	DESCRIPTION OF WELL AND I						
	Lease Name	Well No. Pool Name, Including Fo	1	Tion			
	Mesa Grande	l Undesignated	T-PIOLIOW State, Fed	eral or Fee Fee			
	Location n 1000	North	1980	West			
	Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West						
	tine of Section 11 Tow	nship 22-S Range 20	6-E , _{NMPM} , E	ddy County			
	Line of Section II Tow	nship ZZ-B Range Z	, INMPM,	2 County			
	DESIGNATION OF TRANSPORT	SEP OF OIL AND NATURAL GAS	2				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)			
							
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which ap	proved copy of this form is to be sent)			
	El Paso Natural Gas		Box 1492 El Paso	, Texas 79978			
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When			
	give location of tanks.		Yes	2 December, 1976			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA			Di Bari Cara Basto Diff Boots			
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio		X	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 11,550'	11,410'			
	22 May, 1976	14 Sept., 1976	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	11,107'	11,025'			
	3152 GR	Morrow	11,107	Depth Casing Shoe			
	1 ,	36 holes)		11,550'			
11,107'-11,246' (36 holes) 11,550' TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	17-1/2"	13-3/8"	318'	300 sx.			
	12-1/4"	9-5/8"	2760'	2095 sx.			
	8-3/4"	5-1/2"	11,550'	500 sx.			
		2-3/8"	11,025'				
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load	oil and must be equal to or exceed top allow			
٠.	I. WELL able 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.)				
			Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	Cdsing Presente				
		Oil-Bble.	Water - Bbls.	Ggs-MCF			
	Actual Prod. During Test	CII-BBIS.		AC.			
			<u> </u>				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	2564	1 hr.					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	back pressure	2335 psi.	pkr.	15/64"			
37	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
¥1.	CERTIFICATE OF COMPETAN	JE					
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED DEC 9 1976 , 19					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			1) a gresset				
			BY				
			TITLESUPERVISOR,	DISTRICT H			
			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.				
Km Wleon o (Signature)							
		-	tests taken on the well in ac	cordance with RULE 111.			
Agent (Title)		All sections of this form must be filled out completely for allow able on new and recompleted wells.					
	1 -		,, .				

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 completed wells.