NO. OF COPIES RECEIVED		15	
DISTRIBUTION			
SANTA FE		1	
FILE		/	1
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
-OPERATOR		/	
PRORATION OFFICE			

(Date)

1 August, 1977

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OF RANDOMATURA	k E ^A So	
OIL /				
TRANSPORTER GAS /	AUG 4 1977			
-OPERATOR /	13//			
PRORATION OFFICE		O. C. C.		
Operațor Morris R. An	tweil	ARTEEIA, OFFI	CE	
Address				
	bbs, New Mexico 88240			
Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry Go	as T		
Change in Ownership	Casinghead Gas Conde	nsate		
If change of ownership give name and address of previous owner	R.5609 1-	-1-28		
•	11	-1t- h		
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name Including F	ormation Kind of Le	ease Lease No.	
Mesa Fuerte Com	1 IIIndominato	d Strawn State, Fed	deral or Fee Fee	
Location J 18	33 Feet From The South Lir	. 1980	om The East	
Line of Section 33 T	ownship 21-S Range	26-Е , ммрм,	Eddy County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA			
Name of Authorized Transporter of O	_ ·		proved copy of this form is to be sent)	
Permian Corporat: Name of Authorized Transporter of C	LON asinghead Gas or Dry Gas	Box 1183, Houston	n, rexas //001 proved copy of this form is to be sent!	
El Paso Natural	Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. J 33 21-S 26-E	Is gas actually connected? When Pending 8-4-77		
	with that from any other lease or pool,	1 / C3	3 8 9 - 77	
COMPLETION DATA	Oil Well Gas Well			
Designate Type of Complet		New Well Workover Deepen	Plug Back Same Resiv. Diff. Resiv.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
21 October, 1976		11,327'	10,110'	
Elevations (DF, RKB, RT, GR, etc.) 3238 GR	Name of Producing Formation Strawn	Top Oil/Gas Pay Tubing Depth 9822' 9773'		
Perforations		<u> </u>	Depth Casing Shoe	
9822' - 9829'	TUDDIG CASING AND	CENTRAL DECORD	11,327'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17-1/2"	13-3/8"	315	300 sx.	
12-1/4"	9-5/8"	2650'	1100 sx.	
8-3/4"	5-1/2"	11327!	650 sx.	
		9773'		
TEST DATA AND REQUEST I OIL WELL		fter recovery of total volume of load o pth or be for full 24 hours)	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	
		_	10000	
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF J	
		<u></u>		
GAS WELL	II worth of Total	Dhie Ceel 00 cm	10-10-10	
Actual Prod. Test-MCF/D	Length of Test 1 hr.	Bbls. Condensate/MMCF Not measured	Gravity of Condensate	
3224 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
back pressure	3462 psi	Packer	5/16"	
CERTIFICATE OF COMPLIAN		OIL CONSERV	VATION COMMISSION	
thereby 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. APPROVED AUG 8 1977 BY		,19		
		Gresset		
spove is true and complete to th	e dest of my knowledge and belief,	SUPERVISOR	R, DISTRICT, II	
TITLE				
This form is to be filed in compliance with RULE 1 If this is a request for allowable for a newly drilled				
C /// WWW.	nature)	well, this form must be accom	owable for a newly drilled or deepened panied by a tabulation of the deviation	
Agent	·	tests taken on the well in acc	cordence with RULE 111.	
(Title)		All sections of this form t able on new and recompleted	nust be filled out completely for allow- 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.