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TRANSPORTER	OIL		
	GAS		
OPERATOR		/	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMM' ON

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(51) RECEIVED

AUG 9 1976

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

Operator Austin Gas Purchasing, Inc.		O. C. C. ARTESIA, OFFICE	
Address Box 159 Stafford, Kansas 67578			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
	1 Aug. 1976	Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner Morris R. Antweil, Box 2010, Hobbs, New Mexico 88240

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Malaga Unit- Tract 11	1	Malaga Delaware	State, Federal or Fee Fee
Location	Lease No. ----		
Unit Letter D	370	Feet From The North	Line and 330
		Feet From The West	
Line of Section 18	Township 24-S	Range 29-E	NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>
None		Injection Well	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>
None			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	18	24-S	29-E
Is gas actually connected?	When		

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

COMPLETION DATA									
Designate Type of Completion - (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 FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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.)	
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 (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Agent of Unit Operator

2 August 1976

OIL CONSERVATION COMMISSION

SEP 20 1976

APPROVED BY W. A. Giesse

TITLE SUPERVISOR, DISTRICT II

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 completed wells.