	DISTRIBUTION		CONSERVATION COMMISSION	Form C-104
	FILE	Z REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.			
	LAND OFFICE	SECENED BI		
	TRANSPORTER OIL			
		FEB 14 ¹⁹⁸⁶		-
1.	PRORATION OFFICE	O. C. D.		
	Operator	ARTESIA, OFFICE		
	Kaneb Operating Company, Ltd.			
	400 Wilco Building Midland, Texas 79701-4466 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of: Change Operator name from Kaneb Energy			
	Recompletion OII Dry Gas Company to Kaneb Operating Company, Ltd.,			
	Change in Ownership Casinghead Gas Condensate effective February 7, 1986			
	If change of ownership give name			
	and address of previous owner	······································	 	······································
11.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including F		
	Federal 24	2 Sand Dunes (Ct	nerry Canyon) State, F	oderal or Foe Federal NM 40655
	Unit Letter ; Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>South</u>			
		Ureet from the <u>_west</u> Cir		
	Line of Section 24 To	wunship 23-5 Range	31-E, NMPM, Edd	y County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		approved copy of this form is to be sent)
	1	Phone 1 + 47 1 /87	P. 0. Box 1183	Houston, Texas 77001
	The Permian Corpora Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When the second se
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:			
- • •	Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Resty. Diff. Resty.
	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
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
				Post ID-3
				2-21-86
			····	Chg Op. Name
			L	
V .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- OIL 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.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	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
VI.	CERTIFICATE OF COMPLIAN	СЕ	OIL CONSERVATION COMMISSION	
			FFR	191986
	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.		BYOriginal Signed By Les A. Cloments TITLESuparvisor District II	
	$\rho \wedge \rho$		1	
	ternie N. Annuser		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 allow- able 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.	
	(Signature)			
	Division Production Manager (Title)			
	February 10, 1986			
	(54(*)		Separate Forms C-104	must be filed for each pool in multiply
			1) AAAAA14955AII9	