

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	1

NEW MEXICO OIL CONSERVATION COMMISSION
RECEIVED
 REQUEST FOR ALLOWABLE OFFICE O. C. C.
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
 JUN 1 1 09 PM '69
 O. C. C.
 ARTESIA, OFFICE

Form C-104
 Supersedes O.C.C. Form 110
 Effective 1-1-65
RECEIVED
 JUN 1 1969
 O. C. C.
 ARTESIA, OFFICE

I. Operator
Murphy H. Baxter
 Address
814 Building of the Southwest, Midland, Texas 79701
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal C	2	Grayburg Jackson	State, Federal or Fee Federal	LC029438-A
Location				
Unit Letter I	1980 Feet From The South Line and 660 Feet From The East			
Line of Section 35	Township 16S	Range 31E	Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company, Pipe Line Div.	North Freeman Avenue, Artesia, New Mexico 88210			
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)			
Phillips Petroleum Company	Box 6666, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 35	Twp. 16	Rge. 31
			Is gas actually connected? Yes	When 5/ 62

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
(X)								
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

V. 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

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.

W. U. Sumner
 (Signature)

Petroleum Engineer
 (Title)

June 6, 1969
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 1 1969**, 19
 BY *R. L. Stamer*
 TITLE **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 completed wells.