L	NO. OF COPIES RECEIVED	-	<u>-</u> '	
	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
- }	FILE		AND TO TO	32 E N
- 1	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	AS
ŀ	OIL		take to de	ু উপুন
1	TRANSPORTER GAS			13/6
ŀ	OPERATOR			
.	PROBATION OFFICE		<i>ن.</i> آ.	C .
1.	Operator		ARTESIA, C	OFFICE
	Harlan Oil Company			
ŀ	P. O. Box 653, Artesia, New Mexico 88210			
	P. O. Box 000, Ar	rtesia, New Mexico - 0821	o	
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Ga		
	Change in Ownership	Casinghead Gas Conden	sate Ex # 2-554	
	If change of ownership give name and address of previous owner	Mark Production Company	, 1108 Simons Bldg., Dal.	las, Texas 75201
11.	DESCRIPTION OF WELL AND	LEASE Well No.: Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	Lease Name Angell-State	2 East Millman-		or Fee State E-2815
	Location	- 116 0 116 1 (BREFT-)	State, I edeld	Nouve 10-7015
	Unit Letter ;	Feet From The Lin	e and $1,900$ Feet From T	he
	Line of Section 21 Tow	mship 195 Range	20E , NMPM, BRO	Ty County
***	DESIGNATION OF TRANSPORT	TER OF OU AND NATURAL GA	s	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this for				ed copy of this form is to be sent)
i	The Permian Corporation P. O. Box 1133, Houston, Texas 77001			, Tex a s 77001
			Address (Give address to which approved copy of this form is to be sent) 2artlesville, Oislahoma CHESSA TEX 19760	
,	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 21 19 23	Is gas actually connected? When	
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	,
• • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	$\operatorname{on} - (X)$		
	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
			1	Depth Casing Shoe
	Perforations			Beptif Casing Shoe
		TIPLING CASING AND	D CEVENTING DECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TOBING SIZE	52,111521	
3 7	TEST DATA AND REQUEST F	OR ALLOWARIE (Test must be a	after recovery of total volume of load oil a	and must be equal to or exceed top allow-
٧.	OIL WELL		epth or be for full 24 hours)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil - Bbis.	Water-Bbls.	Gas - MCF
	GAS WELL		Tau a si sa	Toronton of Condens and
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Coolea Processo (Charles)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHORA SIZE
	ODDERICATE OF COURT IS	CF	OH CONSERVA	TION COMMISSION
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		JUL 7	425-
				1972
	Commission have been complied to	with and that the information given	av W.a. Gussett	
	above is true and complete to the	best of my knowledge and belief.	BY Weldy I Warried	
			TITLE OIL ALL SAS LEURED YOU	
			11	

(Signature)
Attorney-in-Pact.

(Title)

(Date)

Alois Goodson,

June 27, 1972

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