2				
NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE		1		
FILE		1	~	
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR		$\prod$		
PRORATION OFFICE				

Production Superintendent

January 3, 1973

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

## RECEIREQUESTS FOR ALLOWABLE AND

	gradien in spenea
	a case of the deviation
	111.
Form	C-104 raty for allow-
	rsedes Old C-104 and C-110
Effe	ctive 1-1-65
	and the second of the second o

U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
TRANSPORTER OIL	_	<b>\</b>			
OPERATOR / PRORATION OFFICE	O. C. C. ARTESIA, OFFICE	-	Committee of the second		
Operator Ponding & Rot	on Oil and Con Company				
Address	ces Oil and Gas Company				
810 N. Dixie Reason(s) for filing (Check proper box	Blvd., Room 202, Odessa,	Texas 79761 Other (Please explain)			
New We!l	Change in Transporter of:		or Name effective		
Recompletion Change in Ownership	Oil Dry Gar		from Reading & Bates, It		
If change of ownership give name and address of previous owner					
I. DESCRIPTION OF WELL AND		•			
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease State, Federal	or Fee		
White Ranch	Z   SWD Well		Fee		
Unit Letter H; 18	36 Feet From The North Line	e and 660 Feet From T	The East		
Line of Section 1 Too	wnship 12S Range 2	28E , NMPM, Chay	ves County		
OTE: SWD Well I. DESIGNATION OF TRANSPOR	TEP OF OIL AND NATURAL GA	•			
Name of Authorized Transporter of Oil		Address (Give address to which approv	red copy of this form is to be sent)		
Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? Whe	en .		
	th that from any other lease or pool,	give commingling order number:			
Designate Type of Completion	Oll 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					
UOL 5 0175	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEFINSE	SACKS CEMENT		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil ( pth or be for full 24 hours)	and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(t, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Cendro or Teer	, raping breasme				
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
<u> </u>	<u> </u>		<u>.                                    </u>		
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		
I. CERTIFICATE OF COMPLIAN	CE		TION COMMISSION		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED FEB 14 K	LED Ta 1979		
Commission have been complied to	with and that the information given best of my knowledge and belief.	BY W. a. Dr	esset		
and the same same same same same same same sam		TITLE <u>OIL AND GAS INSPECTOR</u>			
Signature)		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.			
(Sign	ature)	tests taken on the well in accor	dance with RULE 111.		

All sections of this form must be filled out completely for silowe able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply