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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

MAY 24 1965

Operator		Ray Smith		O. C. C. ARTESIA, OFFICE	
Address		% W. H. Cravey, 1901 Runyan Ave., Artesia, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Ring	Well No.	1	Pool Name, Including Formation	Linda (San Andres) Und.	Kind of Lease	State, Federal or Fee	Fee
Location								
Unit Letter	C	1659.3 Feet From The	W	Line and	330	Feet From The	N	
Line of Section	32	Township	6	Range	26	NMPM,	Chaves	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)					
Western Oil Transport	Box 725, Hobbs, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TSTM						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
C	32	6	26	No	-	

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	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6/11/64	7/4/64		1054'		1050'			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Linda SA Und.	San Andres		970'		1008.98'			
Perforations					Depth Casing Shoe			
976' - 990'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10 3/4"	8-5/8"		268.10'		50			
8-3/4"	7"		888'		125'			
7"	5-1/2"		1052.44'		75			

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.)	
5/7/65	5/21/65	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24'	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
23	6	17	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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 H Cravey
Agent
5/22/65
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 24 1965
BY M L Armstrong
TITLE

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 Sections I, II, III, and VI only 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.