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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

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APR 5 1965

I.

Operator J. J. TRAVIS		O. C. C.
Address Box 873, Midland, Texas		ARTESIA, OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in pool name; requested by letter of 3-3-65; Re. Commission Order R 2870.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grant-Keyes	Well No. 1	Pool Name, Including Formation Linda-San Andres (San Andres formation)	Kind of Lease Fed.
Location M 330 West 330 South			
Unit Letter 20 ; Feet From The 6S Line and 26E Feet From The Chaves			
Line of Section 20 , Township 6S , Range 26E , NMPM, County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	Box 3119, Midland, Texas
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)
none	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
M 20 6S 26E	

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.
9-24-64								
Date Spudded 9-24-64	Date Completed 11-10-64	Total Depth 1025	P.B.T.D.					
Linda-San Andres	Nearest Formation San Andres	Top of Pay 993	Tubing Depth 990					
994-1006	Depth of Shoe 1024							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	10 3/4	300	156					
	4 1/2	1025	200					
	2	990						

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 11-10-64	Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.) pump
Length 24	Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls. 12	Water-Bbls. 1	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	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.

Owner-Operator
March 31, 1965
(Date)

OIL CONSERVATION COMMISSION

APR 5 1965

APPROVED _____, 19____
BY **M. L. Armstrong**
TITLE **OIL AND GAS 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 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.