	- 1 •	15				
DISTRIBUTION						
ANTA FE		1				
ILE		1.				
.s.g.s.						
LAND OFFICE						
TRANSPORTER	OIL	I_L				
	GAS	$\Box I$				
OPERATOR		\prod_{I}				
PRORATION OFFICE						

06/17/77

(Date)

NEW MEXICO OIL CONSERVATION MISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and 6 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE	4				
	TRANSPORTER OIL / GAS /	_	PERLYED			
	OPERATOR /	-{	SECEINED			
1.	Operator		JUN 2 0 1977			
	Mountain States	Petroleum Corp.				
Address O. C. C.						
	P 0 Box 1936					
	Reason(s) for filing (Check proper box	<u> </u>	Other (Please explain)			
	New Well Ke Ends	7 Change in Transporter of:				
	Recompletion	Oil Dry G		7		
	Change in Ownership	Casinghead Gas Condensate Condensate Cash Com To Jease Frame				
	If change of ownership give name					
	and address of previous owner		· _ · · · · · · · · · · · · · · · · · ·	 		
	DECORPTION OF WELL AND	LEACE				
и.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including	Comation of Malley Kind of L			
	Hondo State Com,	1 Undesignated	Ronn: State, Fe	deral or Fee K-6623		
Location						
	Unit Letter F ; 1650	Feet From The North Li	ne and 1650	West		
	Line of Section 36 Tox	wnship 14S Range	27 E , NMPM, CI	1aves Count		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS (C)	and consolidate from to to be conti-		
	Name of Authorized Transporter of Oil Navajo Crude Oil Pur	or Condensate Kan chasing		proved copy of this form is to be sent) rtesia, N. Mex. 88210		
	Name of Authorized Transporter of Car		11 0 5. 4.10.	oproved copy of this form is to be sent)		
	Phillips Petroleum Co	Orn.	Phillips Bldg. "O	dessa, Texas		
	FITTIPS Tectoreum of		Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. F 36 14S 27E	yes	06/10/77 Approx.		
	L			6-1-3-7/		
137	If this production is commingled with	th that from any other lease or pool	, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Re		
	Designate Type of Completic	on = (X)	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B8406		
	1-11-77 (N-entry)	2-14-77	8514'	0400		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay 8164	Tubing Depth		
	3470.5 GR	Atoka	8104	8/36		
	Perforations		. 1	Depth Casing Shoe 8406		
	8/3/3-64 6702 /3 33/2 / [2] [2]					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	318 RKB	SACKS CEMENT 400 SX CITC		
	17 1/2	8 - 5/8	1550 RKB	200 sx		
	7 7/0	4 - 1/2	8406 GL	350 sx		
	7 - 7/8	2 - 3/8	8136	PKR 8106		
	THE PARK AND DECLIES E			oil and must be equal to or exceed top al		
٧.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, go	is lift, etc.)		
				1 4		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				Gas-MCF A		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	GGH-MCF		
		<u> </u>		10000		
				4 h 11		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	408	4 hr.	Bbls. Condensate/MMCF	54		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	2000	PKR	10/64		
7/2	CERTIFICATE OF COMPLIANCE	CF	OU CONSER	EVATION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE	11			
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUN 2 8 1977 . 19				
Commission have been complied with and that the information given			Wa. Gresset			
above is true and complete to the best of my knowledge and belief.		BY COUNTY II				
		TITLE SUPERVISOR,	TITLE SUPERVISOR, DISTRICT II			
		li i	This form is to be filed in compliance with RULE 1104.			
		If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all				
Clerk (Signature) (Title)						
					able on new and recompleted wells.	

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditions to the filed for each change of conditions.