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SANTA FE			Ī	L_
FILE				
U.S.G.S.				L
LAND OFFICE				
FRANSPORTER	OIL			<u> </u>
HANSFORIER		AS		<u> </u>
OPERATOR			1	<u> </u>
PRORATION OF	ICE	E		
perator				
Н.	W.	Pa	.ce	
ddress				
P.	0.	BC	$\mathbf{x}$	7435

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

ANTAFE	KEGOESTIC	AND	Effective 1-1-65	
S.G.S.		SPORT OIL AND NATURAL GA	AS	
AND OFFICE				
RANSPORTER OIL				
GAS			RECEIVED	
PERATOR				
RORATION OFFICE	/		APR 1 5 1980	
H. W. Pace				ļ <u>.</u>
idress			O. C. D.	
P. O. Box 7435	Midland, Texas 797	~	ARTESIA, OFFICE	
eason(s) for filing (Check proper box)		Other (Please explain)	or minute note R	re.
ew Well	Change in Transporter of:	FLAMED STIER	15 HERT NOT B	
ecompletion	Oil Dry Gas Continuing Gas Condense	TINI DES AN EXI	CEPTION TO Rel	306
hange in Ownership	Casinghead Gas Condense	IS OBTAINED	CIM 11011 10 / L20	<del></del>
change of ownership give name		is on the contract of the cont	9.	
d address of previous owner				
THE THE PART OF THE LAND I	EASE R-6499 10-22-	૬૦		<del></del>
ESCRIPTION OF WELL AND L	To the state of th	mation   Kind of Lease		Lease No.
Pat State	1 UND QN KAB	state, Federal	or Fee State	179-0100
	2-11	6601	East	
Unit Letter P	330 Feet From The South Line	and 660° Feet From	The	<del> </del>
	10	27 , NMPM.	Chaves	County
Line of Section 30 Tow	mship 10 Range 4	, INME M		
TO ANGROPE	CER OF OUT AND NATURAL GAS			
ESIGNATION OF TRANSPORT	rer of oil and natural gas			
Navajo Crude Oil Puro	chasing CO.	North Freeman Avenue	Artesia, New Me	ek 88210
Nava JO Clade Off Tare	singhead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to	be sent)
Name of Authorized Transporter				ļ
() 1((-)-	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
f well produces oil or liquids, give location of tanks.	P 30 10 27			
this production is commingled with	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res	v. Diff. Restv
Designate Type of Completic		X 1		
		Total Depth	P.B.T.D.	1
Date Spudded	Date Compl. Ready to Prod. 12-20-79	1016'	1012	
9-10-79	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.) GR 3726	Queens	842		
			Depth Casing Shoe	
$842 - (2) \cdot 869(2) \cdot 8$	81(2), 892(2), 895(2), 91	.0(2), 916(2)	1016'	
042 (2); 555 (7).	TUBING, CASING, AND	CEMENTING RECORD		<u> </u>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	<del></del>
10 3/4"	7 5/8" J-55 26#	386'	140 sx class	
7'(81/44	5 1/2" J-55 17.5#	1014'	110 cu ft. pc	mix (C
	2"	975'		
		1	U d	read ton allo
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load of opth or be for full 24 hours)		I
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	et 1 1
Date First New Oil Run To Tanks	i	pump	1	d= 11+1
2-4-80	2-13-80 Tubing Pressure	Casing Pressure	Choke Size	ID 18
Length of Test 24 hrs.	75#	75#		4-1
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	110
5.80 bbls	4 bbls	1.80	TSTM	<del> </del>
3.00 32.23				
GAS WELL			Complete of Condensate	<del></del>
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	<u> </u>
		400-400	Choke Size	<del> </del>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	J	
			ATION COMMESSIO	) N
CERTIFICATE OF COMPLIA	NCE		VATION COMMISSIO	
		APPROVED APR 18	3 1980	, 19
I hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED	Gresset	4
Commission have been complied	with and that the information given the best of my knowledge and belief.	BY		1
Shows to ride with combines to	•	TITLESUPERVIS	OR, DISTRICT II	<u> </u>
/ 2				F 1104
N. W. 1.		This form is to be filed i	time to a comply dell	iled or deepe
N. VUIV	T C	If this is a request for al well, this form must be accommod to the second state of th		
/Si	gnature)	Il Anne Haken on the Well IN 40	COIMETICA MITTILL MATERIAL	
Owner-Operator		All sections of this form able on new and recompleted	Wells.	1
7	Title)	miss sombs Combines I	tt ttt and VI for ch	nges of ow
April 10, 1980	(Para)	well name or number, or trans	porter, or other such char	nge of condit

(Date)

Separate Forms C-104 must be filed for each pool in mw completed wells.