		_	
DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISSION	
SANTA FE	REQUES	T FOR ALLOWARIE	Form C-104 Supersedes Old C-104 and C
FILE /	A RECEIVE	D AND	Effective 1-1-65
U.S.G.S.		RANSPORT OIL AND NATURA	AL CAS
LAND OFFICE		THE SECTION AND THE TORK	TE GAS
TRANSPORTER OIL / GAS /	FER 9 1971		•
OPERATOR /	~ , .,		
PRORATION OFFICE	ARTERIA		
Operator			
JACK L. MCC	ELLAN V		•
	01.0	00	
Reason(s) for filing (Check proper bo	348, ROSWELL, NEW ME		
New Well	THALA. II	Other (Please explain)	
Recompletion	Character Transporter of:		
Change in Ownership		\text{\tin}\text{\tetx{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tex{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\texi}\text{\texi}\text{\texi}\text{\texint{\texit{\text{\texi}\text{\texi}\text{\texi}\texit{\text{	
on the state of th	Casinghead Gas X Cond	ensate	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL ANI	LEASE		
Lease Name	Well No. Pool Name, Including		Lease No
LISA "A" FEDER	AL 6 SULIMAR QU	JEEN State, Fe	deral or Fee FEDERAL
Location			
Unit Letter;	50 Feet From The SOUTH L	ine and 660 Feet Fr	om The WEST
Line of Section 24 T	ownship 15-South Range 29)-EAST , NMPM,	CHAVES County
DESIGNATION OF TRANSPOR			
Name of Authorized Transporter of O	TER OF OIL AND NATURAL G	AS	
navajo Refining Co		Address (Give address to which ap	oproved copy of this form is to be sent)
Name of Authorized Transporter of Co	Tipelline Div.	M. Treeman aue.	Artesia M. Met. 8821
,		Address force address to watch at	proved copy of this form is to be sent)
PHILLIPS PETRO	Unit Sec. Twp. Pge.	BARTLESVILLE, Is gas actually connected?	OKLAHOMA When
If well produces oil or liquids, give location of tanks.	F 24 15S 29E	. · ·	2/18/71
	-1		2/10//1
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	, give commingling order number:	
7	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Completi	on - (X)		The state of the s
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
	<u> </u>	<u>_i</u>	·
Perforations			Depth Casing Shoe
		•	
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	 	 	
TEST DATA AND REQUEST F		ifter recovery of total volume of load (epth or be for full 24 hours)	oil and must be equal to or exceed top allo
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift. etc.)
			,,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			·
Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gae - MCF
Actual Stody Dating 1981			
Actual Floa, During 1481			
GAS WELL	Y		
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D			
GAS WELL	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
GAS WELL Actual Prod. Test-MCF/D	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) OIL CONSERV	
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANCE	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) CE egulations of the Oil Conservation	Casing Pressure (Shut-in) OIL CONSERV MAD Q	Choke Size /ATION COMMISSION 10.71

(Signature)

(Title)

(Date)

OPERATOR

This form is to be filed in compliance with RULE 1104.

OIL AND GAS INSPECTOR

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 only Sections I. II. III, and VI 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