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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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SEP 22 1978

I. Operator
H & S Oil Company **O. C. C.**
Address **ARTESIA, OFFICE**
216 American Home Bldg. - Artesia, New Mexico 88210

Reason(s) for filing (Check proper box) **Other (Please explain)**

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Saunders	Well No. 12	Pool Name, including Formation Red Lake (Q.G.SA.)	Kind of Lease State, Federal or Fee Federal	Lease No. 1C064023
Location				
Unit Letter 0 ; 330 Feet From The South Line and 2286 Feet From The East				
Line of Section 13 Township 17 South Range 27 East , NMPM, Eddy 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"/> Navajo Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) 7. Freeman Ave 119 So. Rosalawn - Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 13 Twp. 17 Rge. 27	Is gas actually connected? Yes When September 24, 1978

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/27/77	Date Compl. Ready to Prod. 5/15/78	Total Depth 1843'	P.B.T.D. 1840					
Elevations (DF, RKB, RT, GR, etc.) GR3529	Name of Producing Formation Penrose - Grayburg	Top Oil/Gas Pay 1536	Tubing Depth 1840'					
Perforations 1536 - 42 1677 - 79	12 holes	1716 - 20 1722 - 25	8 holes	Depth Casing Shoe 1842'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
11"	8 5/8"		322'			125 sacks		
7 7/8"	5 1/2"		1842'			225 sacks		
	2 3/8"		1842'					

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 5/15/78	Producing Method (Flow, pump, gas lift, etc.) Flow		
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 3/4" Pos.	<i>Pool 10-3 9-21-78 ND PP GT</i>
Actual Prod. During Test	Oil - Bbls. 350#	Water - Bbls. None	Gas - MCF 350	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Q. L. Heinisch
(Signature)

Partner
(Title)

9/21/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 25 1978**, 19 _____
BY *W. A. Gussert*
SUPERVISOR, DISTRICT II

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 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 completed wells.