

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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

RECEIVED

DEC 2 1981

O. C. D.

ARTESIA, OFFICE

I. Operator
H & S Oil Company

Address
216 American Home Building - Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hastie	Well No. 21	Pool Name, including Formation Red Lake (Q.G.S.A.)	Kind of Lease State, Federal or Fee Federal	Lease No. LC045818
Location Unit Letter <u>EC</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>17 S</u> Range <u>28 E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175 - Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St. - Odessa, Texas 79761
If well produces oil or liquids, give location of tanks. Unit <u>EC</u> Sec. <u>17</u> Twp. <u>28</u> Rge. <u>E</u> <u>approved location at</u> <u>center of NW quarter</u>	Is gas actually connected? <u>Yes</u> When <u>11/25/81</u>

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 8/11/81	Date Compl. Ready to Prod. 8/17/81	Total Depth 1798'	P.B.T.D. 1782'					
Elevations (DF, RKB, RT, GR, etc.) GR 3537.3	Name of Producing Formation San Andres	Top Oil/Gas Pay 1752'	Tubing Depth 1782'					
Perforations 1752-46 w/4 shots	1761-65 w/4 shots	Depth Casing Shoe 1798'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11 3/4"	8 5/8"	357'	225sks.-circulated					
7 3/4"	5 1/2"	1798'	300sks.-circulated					

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	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 79	Length of Test 5 hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 235#	Casing Pressure (Shut-in) 350#	Choke Size 3/4"

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.

Leslie A. Clements
(Signature)
Partner
(Title)
12/1/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 26 1982, 19

BY Original Signed By
Leslie A. Clements
TITLE 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 deviate 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 multiple completed wells.