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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

SEP 24 1971

I. Operator **ROBERT H. BIRDWELL** **ARTESIA, OFFICE**  
Address **Drawer 40, Artesia, New Mexico 88210**  
Reason(s) for filing (Check proper box) **Change in Ownership**  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒

If change of ownership give name and address of previous owner **Archie M. Spair, Drawer 40, Artesia, N.M.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Field	Kind of Lease	Lease No.
<b>Cave Pool Unit</b>	<b>5</b>	<b>Cave Grayburg</b>	State, Federal or Fee <b>State</b>	<b>11662</b>
Location				
Unit Letter <b>C</b>	<b>990</b>	Feet From The <b>North</b> Line and <b>1980</b>	Feet From The <b>West</b>	
Line of Section <b>4</b>	Township <b>17 South</b>	Range <b>29 East</b>	<b>SEPM, Eddy</b>	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"/>	Address (State address to which approved copy of this form is to be sent)					
<b>Navajo Refining Co., Pipe Line Division</b>	<b>N. Freeman Ave., Artesia, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (State address to which approved copy of this form is to be sent)					
<b>Phillips Petroleum Corp.</b>	<b>Odessa, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>5</b>	Twp. <b>17</b>	Rge. <b>29</b>	Is well actually connected? <b>yes</b>	When <b>12-1-63</b>

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	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Tubing Depth		
Perforations				Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT		

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	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.

**Louise L. Laughlin**  
(Signature)  
**Secretary**

**October 27, 1970**

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 5, 1971**, 19  
BY **L. G. Gressitt**  
TITLE **OIL AND GAS INSPECTOR**

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