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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

I. Operator Kewanee Oil Company		RECEIVED	
Address P. O. Box 3786, Odessa, Texas 79760			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	OCT 28 1970	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	D. C. C.	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	ARTESIA, OFFICE	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jones D	Well No. 1	Pool Name, Including Formation Atoka San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter	H	1650	Feet From The	North	Line and 990
					Feet From The
					East
Line of Section	13	Township	18S	Range	26E
					, 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refg. Co., Pipe Line Division	North Freeman Avenue, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	P. O. Box 6666, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13
	Twp. 18S	Rge. 26E
	Is gas actually connected? No	
	When	

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 10-1-70	Date Compl. Ready to Prod. 10-13-70	Total Depth 1850'		P.B.T.D. 1837'				
Elevations (DF, RKB, RT, GR, etc.) 3290' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1663		Tubing Depth 1720'			
Perforations 1663, 80, 1723, 42, 50, 62, 77, 80, 82, 84, 86, 88, 92, 1810 & 16'					Depth Casing Shoe 1849'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1157'		600			
7-7/8"	4-1/2"		1849'		460			
	2-3/8"		1720'					

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 10-21-70	Date of Test 10-24-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure Open	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 73.0	Water-Bbls. 125	Gas-MCF 53.3

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.

*E. J. Stinson*  
(Signature)

Division Superintendent

(Title)

October 26, 1970

(Date)

OIL CONSERVATION COMMISSION

OCT 28 1970

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY *W. A. Gressitt*  
OIL AND GAS INSPECTOR

TITLE \_\_\_\_\_

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.

