NO. OF COPIES RECE	4				
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FILE		ı	مما		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1	<u> </u>		
	G A S	L			
OPERATOR		1			
PRORATION OFFICE					
Operator Yates Dri					
Address					
	207	So	4		
Reason(s) for filing	(Check)	prope	r box		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.					
<u> </u>	IRANSPORTER OIL i GAS		(5)			
	OPERATOR			13/3		
1.	PRORATION OFFICE Operator			O. C. C.		
		lling Company	ARTI	ESIA, OFFICE		
	Address 207 So. 4	th St., Artesia, N. N	M. 88210			
	Reason(s) for filing (Check proper box))	Other (Please explain) Change name fro	: mc		
	New We!l Recompletion	Change in Transporter of: OIL Dry Gas State "H", Well #1 to:				
Change in Ownership Casinghead Gas Condensate Well # 44			# 44			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, including For	matten Kind of Lease	Lease No.		
	Lease Name Artesia Metex Unit	44 Artesia	State, Federa	or Fee State B-11083-6		
Location Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East						
	Unit Letter I : 16	550 Feet From The SOUTH Line	and 530 Feet From	The Bast		
	Line of Section 26 Tox	wmship 185 Range	27 E , NMPM,	Eddy County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	ved copy of this form is to be sent)		
	Name of Authorized Transporter of Oth Navajo Refining Co.	Pipeline Div.	N. Freeman, Artesia	, N.M. 88210		
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)		
		Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en		
	If well produces oil or liquids, give location of tanks.	I 26 18S 27E	1			
1V.	If this production is commingled wi	ith that from any other lease or pool, g		Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Trug Back		
	Date Spudded	Date Compl. T.eady to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RRB, RT, GR, etc.)			Depth Casing Shoe		
	Perforations			Deptil Custing billoo		
			CEMENTING RECORD	ALOKS SEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to the for this denth or he for full 24 hours)						
•	OIL WELL Date First New Oil Run To Tanks	OIL WELL				
	Date First New Oil Nam 10 1 and			Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Chore 2124		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D		Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
V	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.		DEC 1 8 19	73		
			1. 18 411107			
			TITLE OIL AND GAS INSPECTOR			
	\sim		This form is to be filed in compliance with RULE 1104.			
	To yton 4. 2		If this is a request for all	If this is a request for allowable for a newly drilled or deepened		
	. 7 (31	gnature)	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.			
	Engineer	(Title)				
		12, 1973				
	((Date)	Senarate Forms C-104 must be filed for each pool in multiply			