

DISTRIBUTION	
SANITARY	☒
FILE	☒
U.S.G.S.	☐
LAND OFFICE	☐
TRANSPORTER	☒
OIL	☒
GAS	☐
OPERATOR	☒
PRODUCTION OFFICE	☐

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 1-1-64

JAN 24 1980

Operator		ARTESIA
GULF OIL CORPORATION		
Address		
P.O. Box 670, Hobbs, NM 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☒	Change in Transporter of:	Request testing allowable of 310 barrels oil for month of January, 1980 <i>Good Corp 2247-7640</i>
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐	
If change of ownership give name and address of previous owner		

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Eddy "35" State Com	1	Wildcat Yeso	State, Federal or Fee State	L-3756
Location				
Unit Letter	G	1980 Feet From The North Line and	1980 Feet From The East	
Line of Section	35	Township	18S	Range 24E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐				Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation				P.O. Box 3119, Midland, TX 79701		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐				Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	35	18S	24E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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/MCF	Gravity of Condensate
Testing Method (puct, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <i>JAN 20 1980</i> , 19	
<i>H. B. Liles, Jr.</i> (Signature) Area Engineer (Title)		BY <i>W. A. Gressett</i> SUPERVISOR, DISTRICT II	
6-23-80		TITLE	
		This form is to be filed in compliance with RULE 1104. If this be 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 portions of this form must be filled out completely for allowable or not a completed well. Fill out only portions I, II, III, and IV for changes of owner, well name, or change in transporter or other such change of condition.	