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1EW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE

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

Form C-104

	FILE AND					3	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT (OIL AND NATURAL	2,GA3		
	LAND OFFICE						
	TRANSPORTER OIL	MAY 1 2 21 TW '67					
	GAS	GAS					
	OPERATOR	MAY 1, 1970, STANDARD OIL					
I.					- LAKE OF THE MANEE	LAKE OF THE RESIDENCE OF THE PERSON OF THE P	
	1				THE MOSPALING INC	THE COPERATING MARKETS	
						NY.	
	Address 3610 Avenue S	ielio.		,	PLIEAKOL!		
	Snyder, Texas 79 Reason(s) for filing (Check proper box	549	To	ther (Please explain)			
				Change of lease name and well number			
	New Well	Oil Dry Gas				I manber	
	Recompletion	Casinghead Gas Conden		Formerly:	Les Federal #21	L	
	Change in Ownership	Castrighed Gas Conden					
	If change of ownership give name						
	and address of previous owner						
		Y TAGE					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation	Kind of Le	eas e	Lease No.	
	1			Andrea State, Fed	leral or Fee Federal	NM 031571	
	Maljamar (Grayburg) Un	It 34 mar, amar (Gray)	urg-bair	midi cb/			
		O Feet From The North		1980	East		
	Unit Letter B; 33	Feet From The 1901 011 Lin	e and	- Feet ric	om the		
		wnship 17S Range	32E	, имрм, Lea		County	
	Line of Section 9 To	wnship I/S Range	3CE	, min m, Dea			
	PERCENTAGE OF TO ANCHOR	TED OF OU AND NATURAL CA					
ш.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (G	ive address to which ap	proved copy of this form is t	o be sent)	
	Kaine of Administration						
	Continental Pipeline Company Artesia, New Mexico Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)						
	COM Con Comparation Effectives 100,000 9 1792						
	Phillips Petroleum Co	Unit Sec. Twp. Rge.		ally connected?	When		
	If well produces oil or liquids, give location of tanks.	WATER INJECTION WELL	Xexax				
	<u></u>	· 	<u> </u>				
		th that from any other lease or pool,	give commi	ngling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well	Workover Deepen	Plug Back Same Res	s'v. Diff. Res'v.	
	Designate Type of Completi-		1	1 1	1 1	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depti	<u> </u>	P.B.T.D.		
	Date Spudded						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Go	is Pay	Tubing Depth		
	Lievations (Dr., RRB, R1, GR, etc.)						
	Perforations		<u> </u>		Depth Casing Shoe		
	, citorano						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	T	DEPTH SET	SACKS CEN	MENT	
	11022 3122						
			 				
	THE PROPERTY OF THE PROPERTY O	OD ALLOWARY E /Test must be a	then recovery	of total valume of load	oil and must be equal to or	exceed top allow	
٧.	TFST 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 allow able 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 Pre	sswe	Choke Size		
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis	3.	Gas-MCF		
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Cond	lensate/MMCF	Gravity of Condensate)	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pre	essure (Shut-in)	Choke Size		
		· ·					
***	GERMINICAME OF COMPLIAN	ICE		OIL CONSER	VATION COMMISSIO	N	
VI.	. CERTIFICATE OF COMPLIAN	ICE		0,2,0,,,,	ي .		
			APPRO	VED	<u> </u>	. 19	
	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.			AFFRON			
			BY				
	•						
	2: 20-1		TITLE				
	Grim Wa. V.		This form is to be filed in compliance with RULE 1104.				
	quil came		I see the second for allowable for a newly drilled or deepened				
	E. W. McCants (Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	District Engineer		A11	sections of this form	must be filled out compl	etely for allow	
	(Title)			able on new and recompleted wells. Fill out only Sections I, II, and VI for changes of owner conditions.			
	April 29, _367		Fil	out only Sections	I, II, III, and VI for cha sporter, or other such chan	nges of owner ge of condition	
			well fig.			_	

(Date)

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.

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.