NO. OF COPIES REC	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

III.

IV.

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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISS 4 Form C-104		
SANTA FE	· · · · · · · · · · · · · · · · · · ·		Supersedes Old C-104 and C-11
FILE			
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR	1		
PRORATION OFFICE	7		
Operator			
Polaris Production Co	orn	×	
Address	, to v =		
D 0 Den 1740 Mid3e	and, Texas 79702		
P. O. Box 1749, Midla Reason(s) for filing (Check proper box		Other (Please explain)	
		1	P DATES NOT BE
New Well	Change in Transporter of:		1/1/27 BA
Recompletion A	Oil Dry Ga	=	of the first of the answer
Change in Ownership	Casinghead Gas Conden		STRUM TO RADIO
		B OBTAIL BU	
If change of ownership give name and address of previous owner			
and address of previous owner		R-5456 - Pen	
II. DESCRIPTION OF WELL AND	TEASE	R-Jan + 1, - Fen	<i>~</i>
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	Lease No.
1	3 Benton Pennsyl		nlor Fee Fee
Buckley A	3 Senton Pennsyl	Valitari	100
Location		220	Wast.
Unit Letter L; 16	550 Feet From The South Line	e and Feet From	The West
			_
Line of Section 25 Tor	wnship 14 South Range	37 East , NMPM,	Lea County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.s	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
•		· ·	
Amoco Pipeline	- Day Can Can	P. O. Box 1725, Midlan Address (Give address to which appro	nued copy of this form is to be sent)
Name of Authorized Transporter of Car	singnead Gds X or Diy Gds		
Tipperary		500 W. Illinois, Midla	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	nen
give location of tanks.	! M ! 25 14 ! 37	No	
		wive commingling order number:	
	th that from any other lease or pool,	give comminging order number.	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completic	on (X)	1 1	X
Designate Type of Complete		X	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	3-1-76	12,598	12,100
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3819 DF	Pennsylvanian	10,889	10,750
Perforations			Depth Casing Shoe
* -	907-17, 10920-25, 10941-4	16 10983-85 10988-92	12,247
10889-99, 10901-03, 109	707-17, 10920-23, 10941-4	CEMENTING RECORD	
			SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
,			<u> </u>
	OR ALLOWARIE (Transporter	for recovery of total volume of land oil	and must be equal to or exceed top allow
V. TEST DATA AND REQUEST F	OR ALLOWABLE (lest must be a able for this de	pth or be for full 24 hours)	. Will meat be equal to or encountry mine
OIL WELL	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Date First New Oil Run To Tanks	Date of 1est	Trouble in the second in the s	• • •
3-1-76 47/6	3-2-76 99 /	Hydraulic pump	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	10	150	10
160 BTF	1.0	1 130	
GAS WELL	It such at Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
		401-4401	Ohaha Sira
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		<u> </u>	
T OPPOSITION OF COMPLIAN	CF	OIL CONSERV	ATION COMMISSION
TI. CERTIFICATE OF COMPLIANCE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1977
		APPROVED	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.		11 / /	1.4
		BY sering	yerfor
			1 - 5 - XX-2 + 1
		11 -1-6/4	
		TITLE	
1 / / /		11	compliance with RULE 1104.
2/11/2		This form is to be filed in	compliance with RULE 1104.

(Signature) Davis Payne Engineer (Title)

2-22-77 (Date)

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.

RECEIVED

MAR 2 1977

OIL COMSERVATION COMM. HOBBS, N. M.