NO. OF COPIES RECEIVED			•
DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
SANTA FE	NEW MEXICO QIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE AND REQUEST FOR ALLOWABLE Effective 1-1-65		
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	SAS PHICE
LAND OFFICE		JUL 9 i	45 4H 00
TRANSPORTER GAS			
OPERATOR	·		
I. PRORATION OFFICE	L		
	COMPANY		
Address	Company		
Address Box 103/ MIDI Reason(s) for filing (Check proper box)	AND, TEXAS	Other (Please explain)	
New Well	Change in Transporter of:	Office (1 tease explain)	
Recompletion	Oil Dry Ga		
Change in Ownership	Casinghead Gas Conder	≒	1111 1 1966
			•
If change of ownership give name and address of previous owner	CACTUS DRILLING	COMPANY PO DRAW	ER 71 SAN ANGELO, TE
II. DESCRIPTION OF WELL AND		me, Including Formation	Kind of Lease
	E-6419 3 ME		State, Pederal or Fee
Location	E-64/1 3 MES	SA GUEEN	Total Control
Unit Letter K : 231	D Feet From The SOUTH Lin	e and 1650 Feet From	The WEST
Line of Section 16 · Tow	mship // S Range	32 E, NMPM, LE	County
3		7 1111 101	
II. <u>DESIGNATION OF TRANSPORT</u>	ER OF OIL AND NATURAL GA	AS	· · ·
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	_
TEXAS - NEW MEXICO Name of Authorized Transporter of Cas	PIPELINE	BOX 1510 MIDL Address (Givé address to which appro-	-AND, EXAS
PHILLIPS PETROLEUM	CORP.	Rm, B-2 PHILLIPS BL	LDG. DDESSA, IEXAS
If well produces oil or liquids,	Unit Sec. Twp. Hge.		8-6-63
give location of tanks.	E 16 165 32E		8-6-65
If this production is commingled wit V. COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completio	n — (X)		
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	Tubing Depth
Perforations	<u></u>		Depth Casing Shoe
7 511515115		•	
	TUBING, CASING, AND	CEMENTING RECORD	<u></u>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u> </u>
	<u> </u>	1.	1
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	ft, etc.)
		, , , , , , , , , , , , , , , , , , , ,	e e e e e e e e e e e e e e e e e e e
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	,	Water Dhi-	Garance
Actual Prod. During Test	Oil - Bbis.	Water-Bbls.	Gas-MCF
	L	1	
GAS WELL		•	•
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tobles December	Gadaa Baaaaaa	Chaka Siza
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	. 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY CONTRACTOR	

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.

This form is to be filed in compliance with RULE 1104.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply