NO. OF COPIES RECEIVED	]		
DISTRIBUTION	NEW MEXICO OIL CON	NSERVATION COMMISSION	Form C-104
SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	S
LAND OFFICE	4		
TRANSPORTER GAS	-		
OPERATOR PRORATION OFFICE			
Operator Holliday Drilling	Company		
Address		<b>797</b> 01	
206 First Saving Reason(s) for filing (Check proper box	Building, Midland, Texas	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas Casinghead Gas X Condens	ate	
Change in Ownership			
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.
Lease Name Montiet:h "B" State	1 Northeast Lovi	State Federal	or Fee State K-3361
Location			. Baat
Unit Letter;18	80 Feet From The South Line	and990 Feet From Tr	e East
Line of Section 19 To	wnship 168 Range 3	7 <b>R</b> , NMPM, <b>Les</b>	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Of		Box 1510, Midland, Tex Address (Give address to which approve	
Texus-New Mexico Pipe Jame of Authorized Transporter of Co		Address (Give address to which approve Bartlesville, Oklahome	
Phillips Petroleum Co	Unit Sec. Twp. Ege.	Is gas actually connected? When	
well produces oil or liquids, ve location of tanks.	T 12 165 378	Yes	
his production is commingled w MPLETION DATA	ith that from any other lease or pool, g		Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	ion - (X)	New Well Workover Deepen	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Really to Fica.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SILL			
		fter recovery of total volume of load oil o	and must be equal to or exceed top allow
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a) able for this de	opth or be for juil 24 hours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(t, etc.)
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Water-Bbls.	Gas - MCF
Actual Proc. During Test	Oil-Bbla.	47.01 - DW101	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
• • • • • • • • • • • • • • • • • • • •			
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION
		APPROVER ACT	8 1977
I hereby certify that the rules an Commission have been complied	d regulations of the Oil Conservation i with and that the information given the heat of my knowledge and belief.		Kingan_
above is true and complete to	the best of my meens	TITLE GOOD	
Holliday Drilling Com	pany/Richard L. Robinson	11	compliance with RULE 1104.
Rechard	1411 C	11	
	1 Storilan	well, this form must be accompt	anied by a tabulation of the deviat.
	ignature)		ust be filled out completely for allo
<u>Partner</u>	(Title)		/ W 1 1 W 1
10-7-71	······		II, III, and VI for changes of own rter, or other such change of conditi
	(Date)	11	st be filed for each pool in multi-
		Separate Forms C-104 mu	

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COULIC 1971 OIL CONSERVATION COMM. HOBLE, A. M.

1.	NO. OF COPIES RECEIVED	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
_	Operator Holliday Drilling C Address				
	206 First Savings B Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden			
	If change of ownership give name and address of previous owner	Clinton Oil Company, 21	7 N. Water, Wichita, Kan	sas 67202	
11.	DESCRIFTION OF WELL AND I Lease Name Mont:1eth "B" State	Well No. Pool Name, Including Fo		or Fee State K-3361	
	Unit Letter <b>I</b> ; <b>1880</b>	Feet From The South Line	e and <b>990</b> Feet From T	he <b>East</b>	
	Line of Section 19 Tow	mship 168 Range 37	<b>В</b> , NMPM,	Lea County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA    Name of Authorized Transporter of Oil    Texap-New Mexico Pipeline    Name of Authorized Transporter of Casinghead Gas    Or Dry Gas		Address (Give address to which approved copy of this form is to be sent) Central Building, Midland, Texas Address (Give address to which approved copy of this form is to be sent)		
	Skelly Oil Company		P. O. Box 1650, Tulsa,	Oklahoma	
	If well produces oil or liquids,	Unit Sec. Twp. Ege. I 19 16S 37E	Is gas actually connected? Whe	'n	
	give location of tanks. If this production is commingled wit				
IV.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	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		·	Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil of	and must be equal to or exceed top allow-	
	OIL WELL Date Firs: New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	(t, etc.)	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Water - Bbls.		
	Actual Prod. During Test	Oil-Bble.			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Nethod (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE			
		regulations of the Oil Conservation with and that the information given best of my knowledge and belief.		19, 19	
	Holliday Drilling Company		TUTLE - SUPERVISO	A DISTRIC .	
	Rulard It	Robinson	This form is to be filed in compliance with RULE 1104. 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 allow- able on new and recompleted wells.		
	Partner	tie)			

6-17-71

(Date)

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All sections of this form must be filled out completely for changes able 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 dettine .

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	CISTO BUTION CISTO BUTION SANTAFE. FILE U.S.G.S. LAND OFFICE THANSPORTER GAS OPERATOR CLINFON OF CE Operator CLINFON OF CE CLINFON C	REQUEST F AUTHORIZATION TO TRAN	Other (Pleese explain)	Form C+104 Supersedes Old C+104 and C-110 Effective 1-1-05
]	If change of ownership give name S and address of previous owner	outhwest Production Corp	o. P. O. Box 1464, Midla	nd, Teras 79701
11.	DESCRIPTION OF WELL AND L Lease Name Monteith 'B' // Location Unit Letter I 1880'	Feet From The South Line	and Feet From 7	ct Fee State K-3361
	Line of Jection	nship 16S Range	. , кмени,	County ;
	If well produces oil or liquids, give location of tunks.	Unit Sec. Twp. Fige. I 19 16S 37E	Central Building, Mid Address (Give address to which approx P. O. Box 1650, Tulsa Is gas actually connected? (What YES	lland, Texas bed copy of this form is to be sent) n, Oklahoma
IV.	If this production is commingled with COMPLECION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Dift. Resty.
	Designate Type of Completio	n - (X) Dete 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	1		Depth Casing Shoa
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
				and must be accel to or exceed top allow-
v	. TEST DATA AND REQUEST FOUL WELL	able for this de	fter recovery of total volume of ioaa of epth or be for full 24 hours) Producing Method (Flow, pump, gas l	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test		Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Nethod (pitot, back pr.)	Tubing Preseure (Ehut-in)	Casing Pressure (Shut-in)	Choke Size
VI	I. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION 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. CLINTON OIL COMPANY / EARL E. ROSSMAN JR. (Signature) Proration & Unitization Engineer			BY TITLE This form is to be filed in If this is a request for slil well, this form must be accom- tion to be	nust be filled out completely for allows
	1-7-70	itle) Jote)	Fill out only Sections I.	II. III. and VI for changes of owner, orten or other such change of condition- out be filed for each pool to multiply

)	с	t	e	J					
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Weil name of number, of transporter, of other bash change of conditional Registrate Forms C-104 mout be filed for each pool to middly

ſ	NO. OF COPIES RECEIVED				
	DISTRIBUTION SANTA FE		INSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE U.S.G.S.	AUTHORIZATION TO TRAN	AND SPORT OIL AND NATURAL GAS		
	TRANSPORTER OIL GAS			799 117 3 <b>9</b>	
1.	PRORATION OFFICE			·····	
	Operator SOUTHWEST	PRODUCTION CORPORATION			
	Address P. O. Box S	36, Roswell, New Mexico	88201		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Transporter of: Dry Gas Casinghead Gas Condens			
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.	
	Lease Name MONTLETH "B" STATE	1 RAST LOVINGTON			
	Location			East	
		Feet From The South Line			
	Line of Section 19 Tow	nship 16 South Range 37	East , NMPM,	Lea County	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Texes-New Mexico Pipel		Central Building, Midla	n <b>d,</b> Texas	
	Name of Authorized Transporter of Cas	inghead Gas XX or Dry Gas	Address (Give address to which approved P. O. Box 1650 - Tulsa,		
	Skelly Oil Company	Unit Sec. Twp. Ege.	P. U. BOX 1050 - IUISA;    Is gas actually connected?		
	If well produces oil or liquids, give location of tanks.	I 19 16S 37E	Yes	4-29-69	
IV.	COMPLETION DATA	h that from any other lease or pool, g		Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	·····	Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Depth Casing Shoe	
	Perforations				
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
	HOLE SIZE				
			fter recovery of total volume of load oil an	d must be equal to or exceed top allow-	
V.	TEST DATA AND REQUEST F OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be aj able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Pred. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	l				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure ( Shut-IH )			
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT		
	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.				
	 7 -	2 1 . 1	TIT/E		
	A	Ja Mar	This form is to be filed in compliance with RULE 1104. 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 allow- able on new and recompleted wells.		
		hature) H. Lee Harvard			
	(T	ation Manager			
		at 19, 1969	well name or number, or transporte	III, and VI for changes of owner, r, or other such change of condition.	
	<i>ب</i> ا)		Separate Forms C-104 must be filed for each pool in multiply completed wells.		