NO. OF COPIES RECEIVED							
DISTRIBUTIO							
SANTA FE							
FILE							
U.S.G.S.	U.S.G.S.						
LAND OFFICE							
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PRORATION OFFICE							

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110
Effective 1-1-66

FILE						1	AND			E	Hective 1-1-6:	5	
U.S.G.S.			AII.	THODIZ	ATION TO			OIL AND	NATURAL (GAS			
LAND OFF	ICE			IIIOME	A110111C	<i>-</i> 110010	,, O.C.	OIL AID	INATORAL I	0.70			
		,,,,											
TRANSPOR	RTER -	AS											
OPERATO													
PRORATIO		-											
Operator	THE OFFICE											··	
	D 1411	ine De	troler C										
Address	rnill	The La	troleum Co	PERSON									
Audress	P h411	ine Bui	llding - ()de===	Terre								
Reason(s) for		•		Messa	, 14148		····	Other (Pleas	- cuplain l				
1 , , ,	Tiling (CA	еск proper П	· ·	/- T	nsporter of:			*			4 l - 1 - 4 - 4 -	.	
New Well	<u> </u>] 		ge in 11di	· —	D 0			regate we	ITTE DA	CSTUR DEF	tery	
Recompletion	_	-	Oil		\equiv	Dry Gas	片	assigm	eent.				
Change in Ov	vnership		Casia	nghead Ga	ıs 🔲	Condensat	e						
16 -1													
If change of and address													
	•												
II. DESCRIPT	ION OF	WELL AN	ND LEASE						,				
Lease Name		•			Name, Inclu				Kind of Leas			Lease No.	
Vacuum A	be Uni	t, Bati	tery#1 59)	Vacuum	Abo Re	ef		State, Feder	al or Fee	State		
Location			2.21	3				سىنو.	32	91			
	F	. 2	2310 23/3	t From The	north	l Line a	nd - 2	1 310 -/-	Feet From		West	<u>=</u>	
Unit Lette	r	; _	Feet	. rom In		Line a			restriom		<u> </u>		
	-44	5	Township	185	Rano	re 35	TIR.	, NMPN	,	Lea		County	
Line of Se	ction		Township		nunç	ر ر	7.44	1410.1-10	·1	200		233117	
*** 55555		TD 451015	ODWED OF	OTT ABIT	NATED A	T CAS					51,	=	
III. DESIGNAT	IUN OF	I KANSPO	OH EK UF	or Conden		L GAS	ddress /	Give address	to which appro	ved copy of		o be sent)	
Texas-N	ow Hex	ico Pir	on A	MPANY		1			Midland,				
1					or Dry Gas	<u> </u>		-	to which appro			o be sent!	
Phi 111	orized Tro	insporter of	Casinghead Go	ts 🔼 🤇	or Dry Gas	- ^			ilding -			0 000301117	
					· - · · ·						,		
If well produ	ces oil or	iquids,	Unit	Sec.	1	- 1	=	ually connect	ed? Wh	nen			
give location	of tanks.		M	5	183	35E		Yes					
If this produc	ction is c	ommingled	with that from	m anv oth	ner lease or	pool, giv	e comm	ingling orde	r number:				
IV. COMPLET						. , .							
			(35)	Oil We	ell Gas	Well N	ew Well	Workover	Deepen	Plug Bac	k Same Res	'v. Diff. Res'v.	
Designa	te Type	of Compl	etion - (X)	1	į	İ			İ	į	1	1	
Date Spudded			Date Com	pl. Ready	to Prod.	Т	otal Dep	th		P.B.T.D.	-		
Elevations (I	Elevations (DF, RKB, RT, GR, etc.)		Name of 1	Name of Producing Formation			op 0:1/0	as Pay		Tubing D	epth		
2.514(10)16 (1			.,				, -	•					
Paris								_ .		Depth Ca	sing Shoe		
Perforations											•		
<u> </u>								INC DECO					
							EMEN	ING RECO			SA SKS SEN		
	HOLE SI	ZE	CA	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
										 			
													
													
V. TEST DAT	A AND	REQUEST	FOR ALL	WABLE	(Test mu	st be after	recover	y of total vol	ume of load oil	and must be	equal to or e	xceed top allow	
OIL WELL		,			able for	this depth	or be fo	r full 24 hour	s)				
Date First N		To Tanks	Date of T	'est		F	roducing	Method (Flo	w, pump, gas l	ift, etc.)			
Length of Te	et		Tubing P	ressure			asing P	essure		Choke Si	20		
Actual Prod.	During Te	st	Oil-Bbls	4		W	ater - Bb	ls.		Gas - MC	F		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-								}			
						L.							
GAS WELL							hie C-	densate/MMC	`F	Genuity	of Condensate		
Actual Prod.	Test-MC	F/D	Length of	; Test			bis. Cor	Mensgre/MMC	,,	GIGAILA	Johnstiedie		
								A A		Chal Si			
Testing Met	hod (pitot,	back pr.)	Tubing P	tessme (t	Shut-in)	0	casing P	essure (Shu	:-1n)	Choke Si	z•		
VI CERTIFIC	ATF OF	COMPLI	ANCE					QIL	CONSERV	ATION C	OMMISSIO	N	
vi. CERTIFIC	VI. CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION							
				6 +5	Oil Conser	vation	APPRO	VED				19	
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.					given							
above is tru						elief.	BY						
								_					

(Signature) Region Office Supervisor (Title)

July 13,

1967

(Date)

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 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.