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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE		AND	Effective 1-1-65
	U.S.G.S.	ARUTEIORIZEATION TEO ITO	RANSPORT OIL AND NATURAL	CAS
	LAND OFFICE		WHO OR OLL AND NATURAL	- GAS
	TRANSPORTER OIL		į	
	GAS	APR 1 1965	*and Phillips Petro	oloum Gammana
	OPERATOR	7471 1		
I.	PRORATION OFFICE	C. C. C.	Room B-2, Phi	riibs Brag.
	Operator	ARTESIA, OFFICE	Odessa, Texas	<u> </u>
	Tenneco Oil Company Address			
	Box 1031, Midland, Texas			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of: Continental will take 50% of gas			
	Recompletion Cil Dry Gas and Phillips will take 50% of			rill take 50% of
	Change in Ownership Casinghead Gas X Condensate gas from this well			
			See 110m on15	METT
	If change of ownership give nam and address of previous owner _	e		
II.	DESCRIPTION OF WELL AN	ND LEASE		
	Lease Name	Well No. Pool N	Jame, Including Formation	Kind of Lease
	USA-Hudson Fed	era 1	Lusk Strawn	State, Federal or Fee Federal
	Location			rederar
	Unit Letter $f E$; $f 1$	980 Feet From The North	ine and 660 Feet From	n The West
			1 eet Fron	
ĺ.	Line of Section 5	Township 19-S Range	32-E , NMPM,	Lea County
				100 County
<u>.</u> ا	DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G		
	Name of Authorized Transporter of		Address (Give address to which appr	roved copy of this form is to be sent)
	Texas-New Mexico	Pipe Line Company	Box 1510, Midland,	Теуяс
	Name of Authorized Transporter of	Casinghead Gas 🔀 or Dry Gas 🗌	Address (Give address to which appr	roved copy of this form is to be sent)
	Continental Oil Co	ompany*	Box 460, Hobbs, New	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Mexico
-	give location of tanks.	0 6 19-s 32-E		Continental-2-2-65
- T	f this production is commingled		Yes	Phillips-3-27-65
'. (If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
Γ		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
- [Designate Type of Comple	tion = (X)		Same ries v. Dill. Res.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
				1.2.1.2.
Γ	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				January Doptii
	Perforations			Depth Casing Shoe
1	Sopin Clasing Singe			
	TUBING, CASING, AND CEMENTING RECORD			
r	HOLE SIZE	CASING & TUBING SIZE		
		CASING & TOBING SIZE	DEPTH SET	SACKS CEMENT
\vdash				
+				
+				
L	NEGO PAGE			
. 7	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow			
	date for this depth or be for full 24 hours)			
'	and I had now our run to tunks	Edie of Test	Producing Method (Flow, pump, gas l	ift, etc.)
H	_ength of Test	Tubing December		
	Longin of Test	Tubing Pressure	Casing Pressure	Choke Size
-	Actual Dred Duning To-			
'	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
_				
_				
_	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Tes:	Bbls. Condensate/MMCF	Gravity of Condensate
L				
'	resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
L				
C	ERTIFICATE OF COMPLIA	NCE	OIL CONSEDUA	ATION COMMISSION
			OIL CONSERVA	ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED, 19	
C	ommission have been complied	vith and that the information given		
at	oove is true and complete to the	he best of my knowledge and belief.	BY	
	/]			
	$1/\alpha \Omega$		TITLE	

VI. (

Willsoule

R.O. Bowery

District Office Supervisor

(Title)

March 30, 1965 (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 Sections I, II, III, and VI only 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.