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	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST FOR ALLOWABLE HOEBS OFFICE OFfice Ve 1-1-65		
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE		In the second se	-IT 27 AM '66
TRANSPORTER OIL			
GAS			
PRORATION OFFICE			
Operator	( <sup>14</sup>		
Ca <b>stus -rilli</b> ng Address	une pauy		
Draver 2068, Hob			
Reason(s) for filing (Check proper bo	,	Other (Please explain)	
New Well	Change in Transporter of: Oi! Dry Ga		
Change in Ownership	Casinghead Gas Conder		
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease
Shell Federal	2 Lusk	(Seven Fivers) R-	305 State, Federal or Fee <b>Fed</b>
Location	STAA toomah	1680	12. <b>f</b>
Unit Letter;;	2130 Feet From TheLin	ne and <b>AFRIN</b> Feet F	rom The
Line of Section 🤰 💦 , Te	ownship 19 south Range 3	2 PLAC , NMPM,	Lea County
Name of Authorized Transporter of O	il or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)
The F <b>ermian</b> Cor	poration	Box 3119, Midlam	*
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which a Box 477, Buckeye	pproved copy of this form is to be sent)
	· · · · · · · · · · · · · · · · · · ·		When do not have
If well produces oil or liquids, give location of tanks.	Unit Seg Type Fi2 e	te des actually connected?	8-18-65
If this production is commingled w	with that from any other lease or pool,	give commingling order number:	A
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v, Diff. Res'v
Designate Type of Complet	ion $-(X)$		
Date Spudded	Date Compl. Beady to Prod.	Total Depth	P.B.T.D.
Pool			Tubing Depth
Lusk (Deven Kivers	Name of Producing Formation	Top Oil/Gas Day	3857
Perforations 3840 - 3348			Depth Casing Shoe
	TUBING CASING AND	CEMENTING RECORD	
HOLESIZE			SACKS CEMENT
7-7/8*		14951	200 68
			······································
V. TEST DATA AND REQUEST I			i oil and must be equal to or exceed top allow
OIL WELL		pth or be for full 24 hours)	as lift ato l
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	
Length of Test	Tubing Prossure	Casing Pressure	Choke Size /64
	-	· · · · · · · · · · · · · · · · · · ·	
Actual Prop Ouring Test	Oil-Bbls. 65	Water-Bbls.	Gas-M <b>SO.7</b>
I	· · · · · · · · · · · · · · · · · · ·	1	
GAS WELL		· · · · · · · · · · · · · · · · · · ·	· · · · · ·
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIAN	NCE	OIL CONSEP	RVATION 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.			, 19
		; C	
- Yes -21	p-6	This form is to be filed	in compliance with RULE 1104.
-/ Vels - W	1) an	If this is a request for a	allowable for a newly drilled or deepene
Vice President		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
18 January 66			n must be filled out completely for allow
to saluary vo		able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner	
([	Date)	well name or number, or trans	sporter, or other such change of condition
		Separate Forms C-104 completed wells.	must be med for each pool in multiply
([	Date)	well name or number, or trans Separate Forms C-104	III, and VI only for changes of owner, sporter, or other such change of condition must be filed for each pool in multiply