	EIVED	
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

January 24, 1972

(Date)

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	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104		
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110		
-	FILE	AND				
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	4				
	TRANSPORTER OIL	-				
	GAS	-				
	OPERATOR DESIGN	4				
1.	Operator					
		Oil Corporation				
	Address					
	P. O. 1	Drawer 831, Midland, T	Cexas 79701			
	Reason(s) for filing (Check proper box	,	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oll X Dry Gar	$\blacksquare$ Change of trans	porter of oil		
	Change in Ownership Casinghead Gas Condensate effective 2/1/72.					
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name Well No. Pool Name, Including Formation Kind of Lease No.					
	Conoco-State	2 Hobbs-Drink	ard state, redetal	or Fee State B-2656		
	Location V 200	04 Courth	2094	317 - 54		
	Unit Letter K; 20	86 Feet From The South Line	e andFeet From T	he West		
	Line of Section 33 To	wnship 185 Range	38E , NMPM,	Lea County		
	Line of Section 33 To	wnship 105 Range	38Е , МРМ,	Lea County		
	PROJECT ARTON OR TRANSPORT	TED OF OU AND NATURAL CA	e			
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)		
		oration Permian (Eff. 9 / 1 /87)	P. O. Box 3119, Midla	nd, Texas 79701		
	Name of Authorized Transporter of Ca	singhead Gas [X] or Dry Gas	Address (Give address to which approv			
	Phillips Petroleum		Phillips Bldg., Bartles	ville, Okla., 74003		
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n		
	If well produces oil or liquids, give location of tanks.	J 33 18S 38E	!	August 3, 1971		
		th that from any other lease or pool,	give commingling order number:	Pending		
	COMPLETION DATA	ith that from any other lease or pool,	give comminging order number.			
	· · · · · · · · · · · · · · · · · · ·	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on – (X)	t 1 t	<u> </u>		
	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		1	Depth Casing Shoe		
				Depth Cashig shoe		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMEN!		
				i		
				- J		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)						
OII, WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				t, etc.)		
Length of Test Tubing Pressur		Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
				<u> </u>		
	<u> </u>					
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION		
		APPROVED JAN 26 19/2 19				
	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.					
			Orig. Signed by			
			Joe D. Ramey			
			TITLE Dist. I. Supv.			
	mal / Ad		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			
	TILL Nobula					
	(Signature) Production Superintendent		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-			
(Title)			able on new and recompleted w	olla.		

All sections of this form must be fille 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 wells.

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ON CONSTRUCTION OF M. 13263, P. M.