NO. OF COPIES REC	EIVED	İ .	
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110			
	FILE	KEQUEST	AND	•	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND I	NATURAL GAS			
	LAND OFFICE						
	TRANSPORTER OIL	-					
	GAS						
	OPERATOR OFFICE	·					
1.	PRORATION OFFICE Operator	<u> </u>		-			
	MORRIS R. ANT	CWEIL					
	Address						
	P. O. Box 201	O Hobbs, New Mex	cico 88240				
	Reason(s) for filing (Check proper box,	,	Other (Please	explain)			
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas	~ !				
	Change in Ownership	Casinghead Gas Conden	sale []				
	If change of ownership give name						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE		1.6.	No.		
	Lease Name	Well No. Pool Name, including re		Kind of Lease State, Federal or	Lease No.		
	Diamond	1 North San S	Simon Yates	State, Federal of	Fee State LG-1341		
	Location	No	660		West		
	Unit Letter E ; 19	980 Feet From The North Lin	e and 000	Feet From The	west		
	Line of Section 20 Tov	waship 21S Range 3	35E , NMPM	. Lea	County		
	Line of Section ZU Tox	waship ZID Range)) [] [] []	, nea			
T T T	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approved	copy of this form is to be sent)		
	<u> </u>						
	Name of Authorized Transporter of Car Morris R. Antweil	singhead Gas XX or Dry Gas	PO Box 2010	to which approved Hobbs	copy of this form is to be sent)		
	Phillips Petrolet	m Corn	410 Home Sa	, nobbs, i	oan. Bartlesville.0		
	If well produces oil or liquids,	Twp. P.ge.		eg tribo When	oan, Bartlesville,0 74004		
	give location of tanks.	1 1 5 1	Yes		ust 24, 1983		
	If this production is commingled wi	th that from any other lease or pool,	give commingling orde	r number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover		lug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic		X	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P	.B.T.D.		
	3/9/83	4/18/83	3880		3730		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Т	ubing Depth		
	3631' GR	Yates	3671		3610		
	Perforations			D	epth Casing Shoe		
	3671-3702' (13)				3880		
		TUBING, CASING, AND	1		SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	355		250		
	7 7/8	5 1/2	3880		525		
	7 7 7 8	3 1/2					
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volu	ime of load oil and	must be equal to or exceed top allow-		
٧.	OIL WELL	Lote jo, titta de	pth or be for full 24 hour Producing Method (Flor	-,			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibi	v, pump, gas tijt, e	-		
		Tubing Pressure	Casing Pressure	- 10	Choke Size		
	Length of Test	Idding Pressure	000000				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	- 0	as - MCF		
	Actual Float Burning 1921						
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F G	Gravity of Condensate		
	261	24		45	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-111)	16/64		
	Orifice well tes		1200				
VI.	CERTIFICATE OF COMPLIAN	CE	il .		ION COMMISSION		
		APPROVED SEP 2 1983					
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.		BY OKIOT	BY ORIGINAL SIGNED BY JERRY SEXTON				
		TITLE					
Agent (Title)			Hi	n he filed in cor	npliance with RULE 1104.		
			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.
				Aux 25 1983	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.		
			(Date)				

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.

AUG 26 198