NO. UP COPIES HELI		ı		
DISTRIBUTION			Ī	
SANTA FE			1	
FILE				
U.S.G.S.				
LAND OFFICE			T -	
TRANSPORTER	OIL	1		
INAMSFORIER	GAS		1	
OPERATOR			1	
PROPATION OFFICE				
Operator				
	LARD	DEC	K	
Address				
P.	0. Bo	x l	.047	

NEW MEXICO OIL CONSERVATION COMMISS

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and (Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	AND			
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	. GAS		
	TRANSPORTER OIL	7				
	GAS					
	OPERATOR					
ı.	PRORATION OFFICE					
	MILLARD DECK Address					
		.,	8231			
	Reason(s) for filing (Check proper be		Other (Please explain)			
	New Well XX	Change in Transporter of:				
	Change in Ownership	Oil Dry Go Casinghead Gas Conde	 			
		Conde	nsare L.			
	If change of ownership give name and address of previous owner					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND					
	Lease Name	Well No. Pool Name, Including F		77		
	B J	1 Eumont Qu	State, Fede	rai of Fee		
	i ⁻	60 Feet From The East Lin	, 660	South		
	Unit Letter;	reet from theLin	ne and Feet From	n The		
	Line of Section 17 T	ognahlp 22S Range	37E , NMFM,	Lea County		
***	DESIGNATION OF TRANSPOR					
111,	Name of Authorized Transporter of OII or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Texas New Mexico Pip	e Line Company	P. O. Box 1510, Mid1	and, Texas 79701		
	Name of Authorized Transporter of C	asinghead Gas 📉 💮 or Dry Gas 🗔	1	roved copy of this form is to be sent)		
	Skelly Oil Company		r. O. Box 1650, Tuls			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected?	/hen		
	give location of tanks.	P 17 22S 37E	<u> </u>			
	If this production is commingled w COMPLETION DATA	rith that from any other lease or pool,	give commingling order number:			
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res		
	Designate Type of Complet	X	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2-3-74	2-25-74 Name of Producing Formation	3950°	3900'		
	Elevations (DF, RKB, RT, GR, etc.) 3371 GL	Oueen	Top O!!/Gas Pay 3473	Tubing Depth 3898		
	Perforations 2	· ·		Depth Casing Shoe		
	3473' 3863'					
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 318*	SACKS CEMENT		
	12 1/4"	6 3/6	318	circulated		
				012001400		
	7 7/8"	5 1/2"	3950*	365 Sacks		
v.	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 all					
	OIL WELL able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	2-21-74 Length of Test	2-26-74 Tubing Pressure	Pump Casing Pressure	Choke Size		
	24 hours		40 40 40 40 40			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF 300		
		87	0	300		
	GAG WIDT -					
ſ	Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Float Teet-Mot/5	Length of Yest	Balan Golidania eta, Miniot	g		
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	ICE	QIL CONSERV	ATION 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.		APPROVED 19			
			TITLE SUR EL	William Control		
	$n \sim n$	Ω	• /	compliance with RULE 1104.		
	INNIOland, Xbclb.		If this is a convent for all	weble for a newly drilled or deepen		
-	(Signature)		well, this form must be accompenied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
_	Owner-Operator		All sections of this form u	ust be filled out completely for allo-		
•	•	itle) 177	able on new and recompleted t	vells.		
	February 28, 1974		Fill out only Sections I.	II. III, and VI for changes of owner		

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multip