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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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OCT 15 1969

ARTERIA. OFFICE

Operator Robert H. Birdwell	
Address 559 The Main Bldg., Houston, Texas 77002	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Quasar, Incorporated, P.O. Box 266, Evansville, Indiana**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turkey Track Sec. 3 Unit	Well No. 6	Pool Name, Including Formation Turkey Track Queen Grayburg	Kind of Lease State, TEXAS	Lease No. B-8949-14
Location Unit Letter F ; 2635 Feet From The North Line and 1325 Feet From The West Line of Section 3 Township 19 Range 29 , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Not applicable - water injection well	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

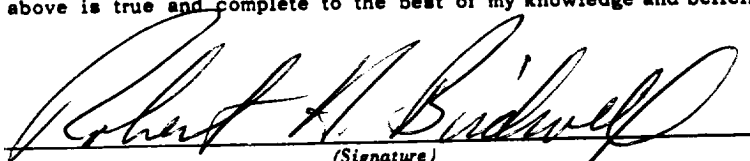
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.


Owner (Signature)

Owner

(Title)

October 13, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY W. A. Gressett

TITLE _____

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 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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<input type="checkbox"/> Change in Name and Address <input type="checkbox"/> Record for a New With <input type="checkbox"/> Reseller's name (Open market box)		<input type="checkbox"/> Change in Transmission of <input type="checkbox"/> for the <input type="checkbox"/> Condition for		<input type="checkbox"/> Other (Please explain)	
Address					
Subscription Service					

_____ and address of person to whom the

	State	Federal or Fee	Name of Lessee	Lease No.
Description of Well and Lease				
Well Name, Location and Land Ownership				
Date of Production				
Township				
Range				
Section				
County				
Produced from the _____ well from the _____ date and _____ time per day.				

[illegible][illegible]

TEST DATA AND REQUEST FOR ALLOWABLE OIL FIELD		
Date First New Oil Field Starts	Date of Test	Production Method (When Pumping Gas Lift etc)
Depth of Test	Test Pressure	Chasing Pressure
Oil Rate	Oil Rate	Gas Rate

GAS WELL			
Actual Flow Test MOOD		Length of Test	
Flowing (gpm) (bbl/day)	Flowing Pressure (psi) (in)	Flowing Pressure (psi) (in)	Flowing Pressure (psi) (in)
Shut-in (gpm) (bbl/day)	Shut-in Pressure (psi) (in)	Shut-in Pressure (psi) (in)	Shut-in Pressure (psi) (in)
Shut-in (gpm) (bbl/day)	Shut-in Pressure (psi) (in)	Shut-in Pressure (psi) (in)	Shut-in Pressure (psi) (in)

EXAMINED TO BE OBTAINED IN

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.

Separate Forms C-104 must be filed for each pool in multiple well name or number or transporter or other such change of condition. Fill out only Sections I, II, III, and IV for changes of owner. This on new and recompleted wells. All sections of this form must be filled out completely for allow- wells taken on the well in accordance with RULE III. Well: This form must be accompanied by a resolution of the deviation If this is a request for allowable for a newly drilled or deepened This form is to be filed in compliance with RULE IV.