NO. OF COPIES RECI	EIVED	İ	
DISTRIBUTIO	ЭΝ .		
SANTA FE			
FILE		1	V
U.\$.G.S.			
LAND OFFICE			<u> </u>
IRANSPORTER	OIL		
INAMORIER	GAS	1	
OPERATOR		1	
PRORATION OF	FICE	Ľ	<u> </u>
Operator			

SANTA FE	1	CONSERVATION COMMISSION	Form C-104
FILE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
		AND	0.45
J.\$.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GARECEIVED
AND OFFICE			
RANSPORTER OIL		1	050 10 1070
GAS /			SEP 10 1979
OPERATOR			
PRORATION OFFICE			O. C. C.
J. C. BARNES C	TI COMPANY		ARTESIA, OFFICE
	IP COLUMNI	<del></del>	
ddress MIDLAND, TEXAS	70702		•
·		Other (Please explain)	
leason(s) for filing (Check proper		Other (Please explain)	
lew Well	Change in Transporter of:		
Recompletion	Oil Dry G		
Change in Ownership	Casinghead Gas Conde	ensate	
	2 1011		
change of ownership give named address of previous owner.	R-67 00	·	
		L-atopa Gas	
ESCRIPTION OF WELL A	ND LEASE Bublen Rance	L (200)	
.ease Name	Well No. Pool Name, Including		
Little Souaw Comm	2 Wildest Atoka	State, Fede	ral or sac.
ocation	-0-		
Unit Letter;	980 Feet From The West Li	ne and 660 Feet From	n The South
Line of Section 27	Township 22 S Range	28 E , NMPM, Edd	ly, County
2			
ESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	AS	
Varie of Authorized Transporter of	Oil or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
,			
vame of Authorized Transposition	Casinghead Gas or Dry Gas X	Address (Give address to which app	roved copy of this form is to be sent)
El Paso Natural da	S.	Midland, Texas	
	Unit Sec. Twp. Rge.		When
f well produces oil or liquids,	N 27 22S 28E	Yes	9-4-79
give location of tanks.			//
this production is commingle	d with that from any other lease or pool	, give commingling order number:	
OMPLETION DATA		New Well Workover Deepen	Plug Back   Same Resty. Diff. Res
Designate Type of Comp	letion - (X) Oil Well Gas Well	X Morrover	Fied Book
Designate Type of Comp	1	1	P.B.T.D.
Date Spudded 3-31-79	Date Compl. Ready to Prod. Aug. 17, 1979	Total Depth	11,800 //780
		12,730	
Elevations (DF, RKB, RT, GR, e 3065 G L	C. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
ת זי כטטע	Atoka	11408	11,250
Perforations		11,687-96	Depth Casing Shoe
11.404-9	502 <u>11.520-26</u> 11.594-9	6 11 620-24 11 665-	70 12,730
	TUBÍNG, CÁSING, A	NÓ CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
171	13 3/8	1,551	550 ex
124	10 3/4	26631	750 sx
9 7	7 5/8	11 251!	1900 sx
6'3/4	1 1/2	72 7301	250 ax
	T FOR ALLOWARIE /Test must be		sil and must be equal to or exceed top al
TEST DATA AND REQUES	able for this	depth or be for full 24 hours)	
DIL WELL  Date First New Oil Run To Tank		Preducing Method (Flow, pump, ges	lift, etc.)
PAIR L HAT HAM ON HAIL TO LAIM			
Length of Tags	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Japany Freezens		1 atida
	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod. During Test	OII-BBIE.		1 2 4
<del></del>			20 q-2
	· · · · · · · · · · · · · · · · · · ·	e in the second	ે ઈ
GAS WELL		Bbls. Condensate/MMCF	Grevity of Condensate
Actual Prod. Test-MCF/D	Length of Teet 6 hrs.	O Bala. Congunacte/Namer	
·		Coming Pressure (Sheet-im)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (#het-im) 5400#		3/4"
Back Press.	74° N/II	0	
CERTIFICATE OF COMPI	LIANCE	OIL CONSER	VATION COMMISSION
		SEP 1	8 1979
I harehy certify that the rules	and regulations of the Oil Conservation	APPROVED	
Commission have been comm	led with and that the information give		Jusset
above is true and complete	to the best of my knowledge and belie	MIDERVISO	R. DISTRICT U
		TITLE	
		11	to compliance mish must be essa
( ンペン)	11/0-12	This form is to be filed	in compliance with RULE 1104.
/ ///	rue	If this is a request for a	llewable for a newly drilled or deep
	(Signigeure)	well, this form must be accer-	nearled by a tabulation of the devia
Hisol	Sught.	I sections of this form	must be filled out completely for al
	(Tiele)	able on new con recompletes	Metter
1.04 10	- 1979	man a series de series de	, or til and VI for changes of 64
· · · · · · · · · · · · · · · · · · ·	(Date)	wall name or number, or trans	bolicy at action pages assisted as annual
7		Benerate Forms C-104	must be filed for each poel in mui

able on new and recompleted wells.

Fill out colly Sections I. II. III. and VI for changes of eviner. well name or number, or transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multiply