NO. OF COMESS RECRIVED			
DISTRIBUTION			1
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			I
TRANSPORTER	OIL	Ĺ	
	GAS	1	
OPERATOR			
PRORATION OFFICE			
Operator			

	SANTA FE	REQUEST FOR ALLOWABLE		NI STORY	Supersedes Old C-104 and C-11		
	FILE	AND			Effective 1-1-65		
	LAND OFFICE	AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL 1	-	a star of the star				
	GAS 1	08T % % % 980					
	OPERATOR 1	J	GI AS NOU				
1.	PRORATION OFFICE Operator	<u> </u>					
	W. A. Moncrief, Jr.	iA.	RT \$ (2.4) (2.5) (1.5)		•		
	Address						
	Ninth at Commerce, Fort Reason(s) for filing (Check proper box,		Other (Pleas	a analois t	***************************************		
	New Well X	Change in Transporter of:	Other (Freus	e explain)			
	Recompletion	OII Dry Ga	ıs 🔲				
	Change in Ownership	Castnghead Gas Conder	nsate				
	If change of ownership give name						
	and address of previous owner						
II.	egse Name Well No. Fool Name, Including Formation Baldridge L-4762						
	Marathon State "Com"	2 Canyon Morrow		State, Federal or F	^{'ee} State	L-4762°	
	Location					LG-4321	
	Unit Letter F : 1980	Feet From The north Lin	ne and 1650	Feet From The _	west		
	Line of Section 11 Tow	vnship 245 Range	24E , NMF1	u.	Eddy	County	
	Elife of Beetron 12	240	3.44				
III.	DESIGNATION OF TRANSPORT		Address (Give address	to which approved c	one of this form is to	he senti	
	The Permian Corporation		P.O. Box 1183,			00 30)	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address	to which approved c	opy of this form is to	be sent)	
	El Paso Natural Gas Com		P.O. Box 1492,		xas 79999		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. F 11 24S 24E	Is gas actually connec Yes	ted? when	-20-80		
	If this production is commingled wit		<u>-L</u>				
IV.	COMPLETION DATA	Oil Well Gas Weil			ig Back Same Rest	v. Diff. Res'v.	
	Designate Type of Completio	on = (X) Gas well X	New Well Workover	Deepen Plu	Ig Back Same ites	i. Dill. Res v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.1	в.т.D.		
	6-28-80	10-18-80	10,687'		10,255 bing Depth		
	Elevations (DF, RKB, RT, GR, etc.) 4115.3 Gd 4131.3 KB	Name of Producing Formation Morrow Sand	Top Oil/Gas Pay 10,170'		10,110		
	Perforations		1 3		pth Casing Shoe		
	10,170 - 10,177 and 10,				0,687		
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEMENTING RECOI		SACKS CEM	FNT	
	175"	13-3/8"	3881		5 sax class		
	112"	8-5/8"	27551		01t + 200sx		
	7-7/8"	43"	10,687'		00 sax class	''H''	
v	TEST DATA AND REQUEST FO	DR ALLOWARYE. (Test must be a	fter recovery of total vol:	ume of load oil and я	nust be equal to or ex	ceed top allow-	
• .	OIL WELL	able for this de	pth or be for full 24 hour Producing Method (Flo	·s)		-1D-2	
	Date First New Cil Run To Tanks	Date of Test	Producing Method (F10)	w, pump, gas tijt, etc	n 10	1	
	Length of Test	Tubing Pressure	Casing Pressure	Ch	oke Size		
					- 100 - 100		
	Actual Prod. During Test	Cil-Bbls.	Water - Bhie.	Ga	s-MCF)V	1. 27 Ex	
						10	
	GAS WELL		Bbls. Condensate/MMC		rvity of Condensate		
	Actual Prod. Test-MCF/D 1,100	Length of Test 24 hrs.	Bpis. Condensate/MMC	,r	NA		
	Testing Method (pitot, back pr.)	Tubing Fressure (Shut-in)	Casing Pressure (Ehui	:-in) Ch	cke Size 14/64	11	
	Flowing	3050	packer				
VI.	CERTIFICATE OF COMPLIANCE	DE .			N 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 0CT 2 8 1980 . 19				
			Ex W. a. Grossett				
	andle is time and combists to the	CTIDI	CUREDUICOP DISTRICT II				
		TITLE SUPERVISOR, DISTRICT H					
	1. 5 7/ 1)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended				
	Asing & Thornion (S. Ena	ture)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.				
	Exploration Manager	to a separate transport of the second of the	All sections of this form must be filled out completely for allow-				
	(Title) able on new and recompleted wells.						
	10-21-80	reformance is the contract \$5 miles of the house of the contract of the contra	Fill out only Sections 1 H. III, and with the ange			of condition.	

(Date)

Fift out only Sections I II, III, and VI for changes of owner, well more or number, or transporter, or other such change of condition.

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