NO. OF COPIES RECI	4		
DISTRIBUTIO	ЭN		
SANTA FE	/		
FILE	1	L	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
THANSFORTER	G A S		
OPERATOR		1	

August 23, 1966

(Date)

	DISTRIBUTION	DISTRIBUTION NEW MEXICO OIL CONSERVAT						SION	Form C			
	SANTA FE	4	_	REQUEST FOR ALLOWABLE				•	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE	4	4			AND						
	U.S.G.S.	-		AUTHOR	RIZATION TO TR	ANSPORT	T OIL AND NA	ATURAL G	AS			
	LAND OFFICE	,										
	TRANSPORTER GAS	+										
	OPERATOR	7	\dashv									
	PRORATION OFFICE	/ - -										
1.	Operator											
	Thomas G.	Wh	nigh	am								
Address												
				urt, Fa	armington,	New Me						
	Reason(s) for filing (Check pro	per b	ox)				Other (Please	explain)				
	New Well			-	Transporter of:	[
	Recompletion			011	Dry C							
	Change in Ownership			Casinghea	d Gds Cond	ensate	<u> </u>					
	If change of ownership give r and address of previous owne		W	higham	Drilling C	o., F	armingto	n, New	Mexico			
II.	DESCRIPTION OF WELL	AN	D LE	ASE Well No.	Pool Name, Including	Formation		Kind of Lease	,		Lease No.	
	CTV Hospah			1-x	Hospah -		,	State, Federal	or Fee	NM	081208	
	Location			1 2 20 1		<u> </u>					'	
	Unit Letter;	1	1980	Feet From	n The N	ine and	2062	_Feet From 7	The E			
	Line of Section	•	Towns	hip 17 1	N Range	9N	, NMPM,	McKib	ley - N.	Mex	County	
ftt	DESIGNATION OF TRAN	SPA	RTE	R OF OIL.	AND NATURAL G	AS						
111.	Name of Authorized Transporte	of of	Oij [or Co	ondensate	Address	(Give address to	which approx	ed copy of this	form is to	be sent)	
	Shell vil Co					P/0	B.:: 2099	, Houst	on, Texa	.		
	'Name of Authorized Transporte	er of	Casing	head Gas	or Dry Gas	Address	(Give address to	which approx	ed copy of this	form is to	be sent)	
								_				
	If well produces oil or liquids,		U	nit Sec.	Twp. Rge.	Is gas a	ctually connected	1? Whe	en			
	give location of tanks.		1	1	!							
	If this production is comming	gled	with t	hat from any	y other lease or poo	l, give com	mingling order	number:				
	COMPLETION DATA				il Well Gas Well		ll Workover	Deepen	Plug Back S	ame Res	v. Diff. Res'v.	
	Designate Type of Cor	mple	tion -		in well oas well	1	1	1				
	Date Spudded	<u>.</u>			leady to Prod.	Total D	epth	<u> </u>	P.B.T.D.			
	Date Spaces				•							
	Elevations (DF, RKB, RT, GR,	, etc.	.) N	ame of Produ	icing Formation	Top Oil	/Gas Pay		Tubing Depth			
									Do-th Castag	Shoe		
	Perforations									epth Casing Shoe		
							ITING DECOR	· ———	<u> </u>			
					BING, CASING, A	ND CEMEN	D CEMENTING RECORD			SACKS CEMENT		
	HOLE SIZE			CASING	& TUBING SIZE	 -	02, 111, 02	<u> </u>				
												
w	TEST DATA AND REQU	EST	FOR	ALLOWA	BLE (Test must be	after recov	ery of total volum	ne of load oil	and must be set	Werr 1	con top allow-	
▼.	OIL WELL				able for this	depth or be	for full 24 hours,	·		<i>\}\</i>		
	Date First New Oil Run To To	inks	[orte of Test		Product	ing Method (Flow,	pump, gus 11	AL ALL	ULIT	rn /	
				Duble - Decem		Castna	Pressure		Chole Size	4 '	2006	
	Length of Test			Cubing Pressu	me	Cusing			AU	G241	[300	
	Actual Prod. During Test		-	oil-Bbls.		Water - 1	Bble.		Gas MCBIL	CON	Comy	
	Actual Control of the								(0.5	DIST	. 3	
										~		
	GAS WELL								10		 	
	Actual Prod. Test-MCF/D		L	ength of Tes	it	Bbls. C	Condensate/MMCF	•	Gravity of Co	ndensate		
							Pressure (Shut-	401	Choke Size		· · · · · · · · · · · · · · · · · · ·	
	Testing Method (pitot, back p	r. <i>)</i>	ר	'ubing Pressu	ure (Shut-in)	Casing	Pressure (Baue-	· ·· ··)	Chore bize			
								ONCEDIA	ATION COM	ALSSIO		
VI.	VI. CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION						
					APP	APPROVEDAUG 24 1966, 19						
		hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given			n		G: 1	1 17	σπ.	mold.		
	above is true and complete	above is true and complete to the best of my knowledge and belief.			f. BY_	— Original	Signed	by Emery				
		/				TITL	ESU	PERVISOR	DIST. #3			
						il · · · · -	This form is to be filed in compliance with RULE 1104.					
	1 AM freise	(Signature)					To this is a sequent for allowable for a newly drilled or deepened					
`	NIVI JAGI						well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	Onorator	, .		-,		l tests	taken on the '	well in acco	rdance with R	ULE 111	1.	
	(Title)						All sections of this form must be filled out completely for allowable on new and recompleted wells.					

All sections of this form must be able 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.