NO. OF COPIES RECEIVED		1	
DISTRIBUTION			
SANTA FE		/	
FILE		1	-
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS		
OPERATOR		2	
PRORATION OFFICE			

II.

III.

IV.

SANTA FE /		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
FILE / C	AND		Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	_ GAS	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR 2	-			
PRORATION OFFICE				
Operator				
Gil Oil & Gas Comp	pany			
Address	on Pida Enemina	ton. New Mexico 8740	าา	
152 Petroleum Cent Reason(s) for filing (Check proper bo		ton, New Mexico 8740 Other (Please explain)	J1	
New Well	Change in Transporter of:	1	e from Gilbert Maxwell	
Recompletion	Oil Dry Go			
Change in Ownership X	Casinghead Gas Conder			
If change of automobile vive name				
If change of ownership give name and address of previous owner	Gilbert Maxwell Box	234 Farmington, No	ew Mexico	
DESCRIPTION OF HERE & AND	V E 402	•		
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation , Kind of Le	ase Lease No.	
Maxwell Bah-E	#1 Lone Pine Da	. 0'	eral or Fee Ind. NOO-C-14-20-30	
Location			1	
Unit Letter;]	80' Feet From The South Lin	e and 660 Feet Fro	m The West	
10	7 76	O.I. M	- 1/2 o 7	
Line of Section 18 To	ownship 17N Range	8W , NMPM, MO	cKinley County	
DESIGNATION OF TRANSPOS	TED OF OH AND NATURAL CA	. 8		
Name of Authorized Transporter of O.	TER OF OIL AND NATURAL GA		proved copy of this form is to be sent)	
The Permian Corp	_	Box 3119, Midland,	Texas 79704	
Name of Authorized Transporter of C	nsinghead Gas or Dry Gas		proved copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	L 18 17N 0W	100		
	ith that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi	Ion = (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
12/15/70	12/27/70	2755'	2713'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 2711'	
6926' Gr.	Dakota	2687'	Depth Casing Shoe	
2687' - 92'			Dopus Gualing Since	
	TUBING CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 ½"	8 5/8"	107'	75 sx.	
7 7/8"	5 ½"	2752 '	175 sx.	
	2 3/8"	2711'		
		<u>i</u>		
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
			PIT II	
Length of Test	Tubing Pressure	Casing Pressure	Choke Such	
			/ RL	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
			FEB 1 19/7	
CAC WELL			OIL COM COM	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contienante 3	
,				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	ICE	OIL CONSER\	ATION COMMISSION	
		EED 11	074	
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 <u>FEB 1 1971</u> , 19,		
		By Original Signed by A. R. Kendrick		
		TITLE PETROLEUM ENGINEER DIST, NO. 3		
This form is to be filed in compliance with RULE If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the table taken on the well in accordance with RULE 111.				
D. Hicks If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of			namied by a tabulation of the deviation	
Fnaineerina & Prod	duction Service, Inc.	tests taken on the well in acc	cordance with RULE 111.	
	itle)	All sections of this form able on new and recompleted	must be filled out completely for allow- wells.	
1-30-7		Fill out only Sections L.	II. III. and VI for changes of owner,	
(Date)		well name or number, or transp	orter, or other such change of condition.	

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