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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
TRANSFORTER	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

	DISTRIBUTION	1				
			CONSERVATION COM	NOISSIN	Form C-104	
	FILE REQUEST FOR ALLOWABLE AND				Supersedes Old C-104 and C-110	
					Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE		AND ON OIL AND	MATORAL GAS		
	TRANSPORTER GAS /					
	OPERATOR /	_				
		_				
I.	PRORATION OFFICE					
	Operator					
	Tidewater Oil Co	ompany				
	Address					
	Box 249, Hobbs,	New Mexico				
	Reason(s) for filing (Check proper box		Other (Pleas	e explain)		
	New Well	Change in Transporter of:		,		
			F			
	Recompletion	Oil Dry Go		ECTIVE MARCH	1 1067	
	Change in Ownership	Casinghead Gas Conde	nsate X	ECTIVE PARCH	1, 1907	
	If change of ownership give name and address of previous owner					
	and address of previous owner					
**	DECORIDATION OF HELL AND	T E AGE				
11.	Legse Name	Well No. Pool Name, Including F	Formation	Kind of Lease	Legse No.	
				1	, ,	
	Bunce-Federal Com.	1 Basin Dako	ota	State, Federal or Fe	Federal SF07816	
	Location					
	Interes A . C	90 Feet From The N Lin	na av 950	Feet From The	E	
	Onit Letter	Peet Flom TheEn	ne an	reet riom the		
		001	7.01/		. 7	
	Line of Section 19 To	wnship 29N Range	10V, , NMP	A, Sa.	n Juan County	
III.	DESIGNATION OF TRANSPORT					
	Name of Authorized Transporter of Oil	or Condensate	1	•••	y of this form is to be sent)	
	THE PERMIAN CORPORAT	CION	P. O. BOX 3	119, MIDLAND,	TEXAS 79701	
	Name of Authorized Transporter of Cas		Address (Give address	to which approved con	y of this form is to be sent)	
Traine of Hamiltonian Francisco		X.				
	El Paso Natural	Gas Co.	Box 990, Fa	rmington, New	Mexico	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ted? When		
	give location of tanks.	A 19 29N 10W	Yes	190	51	
	If this production is commingled with	th that from any other lease or pool,	give comminging orde	r number:		
1 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Dlug	Back   Same Res'v.   Diff. Res'v.	
	Designate Type of Completic	on = (X)	Mew wett workover	Deepen	Sume Nes V. Diff. Nes V.	
	Besignate Type of completic	m = (N)			!	
	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	Tub(	ng Depth	
	Lievations (DP, ARB, RT, GR, etc.)	Name of Producing Formation	Top Ony Gus Puy	1 401	ng Deptil	
	Perforations			Dept	h Casing Shoe	
	,					
		TUBING, CASING, AN	D CEMENTING RECOI	20		
	HOLESIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT	
	HOLE SIZE	CASING & LOBING SIZE	DEFINS		JACKS CEMENT	
		OT AT TOWARD TO 100				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total vol: epth or be for full 24 hour	ime of load oil and mu	st be equal to or exceed top allow-	
	OIL WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fle	v, pump, gas tift, etc.,	•	
			1.3.1			
	Length of Test	Tubing Pressure	Casing Pressure	Chok	• Size	
		,		Sept 1		
	Actual Prod. During Test	Oil-Bbls.	Water - Bble. 3	- NGCh	MCF	
	Actual Float Burning 1991	0.1-22.3.	1	COMP		
		<u> </u>	1111	CO's a /		
	Actual Prod. During Test Oil-Bbis. Water-Bbis. Value - Bbis.					
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	Grav	ity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut	-inl	• Size	
	resum Mernor (buot, ouch but)	. world transme (SURC-TU	Canny Liesama Congr	,		
			<del></del>			
VI.	CERTIFICATE OF COMPLIANO	C <b>E</b>	OIL	CONSERVATION	COMMISSION	
		-		CC > 400	~.	
			APPROVED	FEB 27 196	/	
	I hereby certify that the rules and regulations of the Oil Conser Commission have been complied with and that the information		NI TROVED			
Commission have been complied with and the above is true and complete to the best of my		with and that the information will will	I av Original S	igned by Eme	LY C. MITORI	
		vith and that the information given best of my knowledge and belief.				
	above to the and competed to the	with and that the information given best of my knowledge and belief.				
	-	best of my knowledge and belief.	1)	PERVISOR DIST	23	
	Original S	best of my knowledge and belief.	TITLESU			
	-	igned By	TITLE SU	be filed in complic	ance with RULE 1104.	
	Original S	igned By	TITLE SI	be filed in complications to be filed in complications.	ance with RULE 1104.	
	Original S	igned By	TITLE SI	be filed in compliquest for allowable f	ance with RULE 1104. or a newly drilled or despened y a tabulation of the deviation	
	Original S	igned By WADE	TITLE SII  This form is to  If this is a requell, this form must tests taken on the	be filed in compliquest for allowable f t be accompanied by well in accordance	or a newly drilled or despensed y a tabulation of the deviation with RULE 111.	
	Original S C. U. (Signal Area Supt.	igned By WADE	TITLE SII  This form is to If this is a requell, this form must tests taken on the All sections o	be filed in compliquest for allowable fit be accompanied by well in accordance fithis form must be f	ance with RULE 1104. or a newly drilled or despened y a tabulation of the deviation	
	Original S C. L (Signal Area Supt.)	igned By WADE	TITLE SII  This form is to lif this is a request, this form must tests taken on the All sections of able on new and reserved.	be filed in compliquest for allowable fit be accompanied by well in accordance fithis form must be facompleted wells.	or a newly drilled or despened y a tabulation of the deviation with RULE 111.	
	Original S C. U. (Signal Area Supt.	igned By WADE	TITLE SII  This form is to lif this is a requell, this form must tests taken on the All sections of able on new and refill out only	be filed in complication and the second and the sec	or a newly drilled or despend y a tabulation of the deviation with RULE 111. illed out completely for allow- and VI for changes of owner,	
	Original S C. L (Signal Area Supt.)	igned By WADE	TITLE SII  This form is to life this is a request, this form must tests taken on the All sections of able on new and refill out only well name or number	be filed in compliquest for allowable fit be accompanied by well in accordance fithis form must be frecompleted wells.  Sections I. II. III, er, or transporter, or completed or complete.	or a newly drilled or despend y a tabulation of the deviation with RULE 111. illed out completely for allow- and VI for changes of owner, ther such change of condition.	
	Original S C. L (Signal Area Supt.) (Tital 2-20-67	igned By WADE	TITLE SII  This form is to life this is a request, this form must tests taken on the All sections of able on new and refill out only well name or number	be filed in compliquest for allowable fit be accompanied by well in accordance fithis form must be frecompleted wells.  Sections I. II. III, er, or transporter, or completed or complete.	or a newly drilled or despend y a tabulation of the deviation with RULE 111. illed out completely for allow- and VI for changes of owner,	