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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

March 21, 1969

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRAI	NSPORT OIL AND	NATURAL GA	48			
1.	PRORATION OFFICE Operator							
	Ryder Scott Management Company							
	922 - 8th Street,	Wichita Falls, Texas						
	Reason(s) for filing (Check proper box)		Other (Pleas Filed fo	e explain)	of transporter	on 2/24:		
	New Well	Change in Transporter of: Oil X Dry Gas			fter all. Rest			
	Recompletion	Oil Dry Gas Casinghead Gas Condens		_	haser of recor	1		
	Change in Ownership	Casingheda Gas Condens	die I CIIIII	n as pare.	14,001 01 10001			
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	EASE				·		
	Lease Name	Well No. Pool Name, Including Fo		Kind of Lease		Legse No.		
	Taylor	3 Maljamar G	br. S A	State, Federal	or Fee Fee			
	Location	6	1505		TIF	j		
	Unit Letter N; 330	Feet From TheSLine	and 1585	Feet From T	he			
	tine of Section 30 Town	nship 16 Range	32 , NMPR	vi.	Lea	County		
	Line of Section 3U Town	asinp 10 mango						
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	s					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address		ed copy of this form is to	o be sent)		
	Permian Corporation		Box 3119, Mi					
	Name of Authorized Transporter of Cast	inghead Gas or Dry Gas	Address (Give address	to which approv	ed copy of this form is to	o pe sent)		
			1,	ted? When				
	if well produces oil or liquids,	Unit Sec. Twp. Rge. N 30 16 32	Is gas actually connec	ted? wher	1			
	give location of tanks.							
	If this production is commingled with	h that from any other lease or pool, a	give commingling orde	er number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.		
	Designate Type of Completion			1				
	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		Tubing Depth			
			<u> </u>		Depth Casing Shoe			
	Perforations		Sopin Stony Cho					
		TUBING, CASING, AND	CEVENTING PECO	PD .				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEN	IENT		
	DEMARKS: We connect	ed this well to battery			tal Pipe Line	to		
	run oil: however we for	und that there was a dif	ferent royalty	interest (wnership for the			
	quarter of quarter this	well is in. Permian wi	Il continue to	truck this	oil.			
	1442001				<u></u>			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	ter recovery of total voi	lume of load oil c	ind must be equal to or e	exceed top allow-		
• •	OIL WELL	ante jor this de	pth or be for full 24 hou Producing Method (Flo	rs)	t etc.)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (1.50	in, pamp, gas isl	,, ,,,,,			
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.		Gas-MCF			
	A							
	GAS WELL		· · · · · · · · · · · · · · · · · · ·		1			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF	Gravity of Condensate			
			Casing Pressure (Shu	t-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Date	,	0			
VI	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
		APPROVED	APPROVED 1303, 19					
	I hereby certify that the rules and r Commission have been complied v	JA V						
	above is true and complete to the	BY						
			TITLE					
	$\langle \cdot \cdot \rangle$	This form is to be filed in compliance with RULE 1104.						
	Adni U. K	and the state of t						
	/ (Signo	ature)	well, this is a request for showard for the deviation of			I file nesterrout		
	Agent	Agent All rections of this form must be filled out completely for						
	<u> </u>	(le)	able on new and recompleted wells.					

All sections of this form must be able on new and recompleted wells.

Fill out only Sections I, II, 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.