DF COPIES RECEIVED					
DISTRIBUTIO					
[A FE					
:					
3.5.					
DOFFICE					
NSPORTER	OIL				
	GAS				
RATOR					
RATION OF	1	ł			

ISTRIBUTION [A F.E.] 3.5. D OFFICE	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65 GAS		
NSPORTER OIL GAS RATOR PRATION OFFICE					
Texas American O	il Corporation				
300 West Wall, Sui	te 1012, Midland, Texas	3 79701 Other (Please explain)			
We'll impletion age in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	月	ne 1, 1976		
ange of ownership give name A	J. Vogel, Post Office	Box 143, Midland, Tex	kas 79701		
SCRIPTION OF WELL AND I se Name R & B Federal	LEASE Well No. Pool Name, Including Fo		se LLease No. al crFee Federal 06144		
	O Feet From The South Line	e and 2310 Feet From	The East		
Line of Section 22 Tow	waship 20S Range	34E , NMPM, Lea	County		
ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which appr	oved copy of this form is to be sent)		
Texas New Mexico	Pipeline Company	P. O. Box 52332, Hou	ston, TX 77052		
ione of Authorized Transporter of Cas		Address (Give oddress to which appr	oved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. O 22 20S 34E	Is gas actually connected? W. No	hen		
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,				
Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, EXB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
	T	CEMENTING RECORD	CACVE CENEUX		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hours)	l and must be equal to or exceed top allows		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	aji, esc./		
Length of Test	Tubing Pressure	Casing Presawe	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
GAS WELL Actual Prod. Test-MOF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION		
I hereby certify that the rules and	regulations of the Oil Conservation	II.	, 19		
Commission have been complied	with and that the information given e best of my knowledge and belief.	BY			
		TITLE			
A.d. a	star:	This form is to be filed in	compliance with RULE 1104.		
9/.X. Co	my	Il well, this form must be accome	owable for a newly drilled or despensed sanied by a tabulation of the deviation		
Evecutive Vice		tosts taken on the well in acc	ordance with RULE 111.		

(Title) June 7, 1976

(Date)

All sections of this form must be filled out completely for allowable 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.

NO. OF COPIES REC	EIVED	
DISTRIBUTIO	ON	
SANTA FE		•
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR	•	
PRORATION OF		
Operator		 •

	SANTA FE		NE			FOR ALL		ISSION	S		d C-104 and C-11
	FILE	4				AND				Effective 1-1-6	65
	U.S.G.S.	_ AU	THORIZ	OITA	۱ TO TR	ANSPORT	MICAND I	NATURAL (GAS		
	1011				JAH 4	10 20					
	TRANSPORTER GAS	7					4476	₹			
	OPERATOR										
I.	PRORATION OFFICE										
	Operator	_			-						
	A. J. Vegel, 1	inc.				- · · · · ·					
				****	Day 74	2 11.66.	. 17 16				
	C/O Oil Report Reason(s) for filing (Check proper box		Serv:	1005,	30X /C		ther (Please				
	New Well		ge in Tra	nsporter	of:		Amer (1 tease	explain)			
	Recompletion	Oil			Dry Go	ıs 🗍					
	Change in Ownership X	Casir	nghead Go	78 🔲	Conde	nsate					
	If change of ownership give name	V .L .A	orel /	s Tee	Rrown	Drilline	Co. R	ex 763,	Hohha	New Meri	
	and address of previous owner	Change				~~~~~		- 105 ₁		HAM MAYI	
II.	DESCRIPTION OF WELL AND	LEASE									
	Lease Name	1	ı		Including F			Kind of Leas			Lease No.
	R & B Federal		1	Ly	nch Yat	.45		State, Federa	I OF Fee	Federal	LC-061144
		30		e.	outh		2310			Pass	
	Unit Letter;;	30 Feet	From Th	e	Du Li	ne and	2310	Feet From	The	East	
	Line of Section 22 To	wnship	20 S		Range	34 E	, NMPM,			Lea	County
III.	DESIGNATION OF TRANSPOR	TER OF (DIL ANI	D NAT	URAL GA	ıs					
	Name of Authorized Transporter of Oil		or Conden			Address (G		o which appro		this form is t	o be sent)
	Texas-New Mexico Pi	-				_i		iland, To			
	Name of Authorized Transporter of Ca		is 🌉 o	or Dry G	as 🗀	1 .		o which appro		this form is t	o be sent)
	Phillips Petroleum	Unit	Sec.	Twp.	P.ge.		ally connecte	, Oklahor			
	If well produces oil or liquids, give location of tanks.	0	22	205	34E	Yes	any comiccio			9/64	
	If this production is commingled wi	th that from	n any oth	ner leas	e or pool,	give commit	ngling order	number:			
IV.	COMPLETION DATA		-						T _ •		
	Designate Type of Completic	on - (X)	Oil We	H .	Gas Well	New Well	Workover	Deepen	Plug Bac	k Same Res	v. Diff. Restv.
	Date Spudded	Date Com	nl Begdy	to Prod		Total Depth			P.B.T.D.		-
	Date Spudded	Date Com	pi. Neddy	to Prod.	•	Total Depth	1		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing	Formati	on	Top Oil/Ga	s Pay		Tubing D	epth	
	(20, 1112, 111, 011, 011,						,				
	Perforations	<u> </u>				<u> </u>			Depth Ca	sing Shoe	
		· · · · · · · · · · · · · · · · · · ·	TUBI	NG, CA	SING, AND	CEMENTI	NG RECORI				
	HOLE SIZE	CAS	ING & T	UBING	SIZE		DEPTH SE	Т	ļ	SACKS CEN	ENT
		 									
		-									
									 		
V.	TEST DATA AND REQUEST F	OR ALLO	WARLE	(Tex	t must be a	fter recovery	of total volum	ne of load ail	and must be	equal to or a	exceed top allow-
••	OIL WELL					pth or be for	full 24 hours,)			
	Date First New Oil Run To Tanks	Date of Te	ost.			Producing N	Method (Flow,	pump, gas li	ft, etc.)		
									· · · · · · · · · · · · · · · · · · ·		
	Length of Test	Tubing Pr	essure			Casing Pres	saure		Choke Si	:•	
	Actual Prod. During Test	Oil-Bbls.				Water - Bbls			Gas - MCF		
	Actual Ploat During 1000	011-2015.				174(41 - 252)	•		Gan Mor		
		<u> </u>		<u>_</u>		<u> </u>			1		
	GAS WELL										
	Actual Prod. Test-MCF/D	Length of	Test			Bbls. Conde	ensate/MMCF		Gravity o	f Condensate	
	Testing Method (pitot, back pr.)	Tubing Pro	esame (S	hut-in)	Casing Pres	ssure (Shut-	in)	Choke Siz	!•	
						ļ N			<u> </u>		
VI.	CERTIFICATE OF COMPLIAN	CE					OIL C	ONSERVA	TION CO	OISSIMMC	٧
						APPROV	,ED /	- II	h 5 %	(7)	10
	I hereby certify that the rules and a Commission have been complied w	regulations vith and th	of the C at the i	Dil Coni nformati	servation ion given	AFFROY	0330	# 1 . X		•	
	above is true and complete to the best of my knowledge and belief.					BY	Traine				<u> </u>
					TITLE_	ENG		. 5. A+: 2	. •		
	, ,										
	H. L. Sim	uh						be filed in o	•		
•	(Sian)	(Signature)					form must	be accompan	nied by a t	tabulation of	d or despened fithe deviation
	i signi					tests tak	en on the w	ell in accor	dance with	RULE 111	•
	Agent (Ti	ile)				All t	sections of	this form mu	st be filled	i out comple	tely for allow-
	January 4, 1967				able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,						
		ite)				well name or number, or transporter, or other such change of condition.					
						Sepa completed		C-104 must	be filed	for each po	ool in multiply
						' combrete					