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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OF			

ract Pumper

July 11, 1967

(Title)

REQUEST FOR ALLOWABLE

AUTHORIZATION DE TRANSFORT OIL AND NATURAL GAS

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

RANSPORTER	GAS									
PERATOR	0 / 3									
PRORATION OFF	ICE.	 								
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Sh	A 11 1 1 1	dooh	Oil Corp.							
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ew Well	X		Change in Transporter	of:			1.11	T 1.		-//
ecompletion			011	Dry Go	ıs	1000	0011	Testing	2/100	wille
hange in Ownership	> <u></u>		Casinghead Gas	Conde	nsate					
	• • •									
change of owners d address of prev										
ESCRIPTION O	F WEL	L AND I					Kind of Le			
ease Name			Well No. Pool Name,	including r	ormatien			ieral or Fee		Lease No
Will Ter	ry_		1 Nadine	-Urin	kard		State, Fed	Fe	e	
ocation	•									
Unit Letter N		·-178	O Feet From The We	Lir	ne and 6	60	_ Feet Fro	om TheSou	th	
Line of Section	23	Tow	nship 19S	Range	K 38E	, NMPM,		Lea		County
					. ~					
ESIGNATION O			TER OF OIL AND NAT			Give address t	o which an	proved copy of th	is form is to	he senti
dine of Admonized	Tanspo	iter or ori	or condensate [Asarcas (orde address t	o witten up	protect copy by tr	, 0, 1, 10 10	oc ocht,
The Permi	en (orp	inghead Gas or Dry C	~ ~~ =	Hobb	S N M	e X	proved copy of th	is form is to	he sent)
ame of Authorized	Transpo	rter on Cus.	ingneed Gds or Diy (Jus	Address	istre address t	o waten ap	proved copy by in	ita joint ta to	00 30111)
			S T	-TB	10 000 00	tually connecte	.d.2	When.		
well produces oil		.s,	Unit Sec. Twp.	Rge.	is gas de	idally connecte	ar ,	niiei.		
ve location of tank			N 23 19	39	N	•				
		ngled with	h that from any other leas	se or pool,	give comm	ningling order	number:			
OMPLETION D	ATA_		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resi	. Diff. Res
Designate Typ	oe of C	ompletio		G. 10 11.	1				1	1
ate Spudded			Date Compl. Ready to Prod		Total Der	oth .		P.B.T.D.		-
are opudada										
evations (DF, RKE	RT C	R eta	Name of Producing Format	ion	Top Oil/O	Gas Pay		Tubing Der	oth .	
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rforations							· · · · ·	Depth Casi	ng Shoe	
			TUBING CA	ASING AN	D CEMENT	TING RECOR	D			-
HOLE	SIZE		CASING & TUBING		T	DEPTH SE		s	ACKS CEME	NT
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	D DEO	UPST E	DALLOWARIE (T.			w of total volum	ne of load	oil and must be	anal to or ex	ceed top all
WELL	UKEQ	UESI FU	OR ALLOWABLE (Te. abl	le for this d	epth or be fo	or full 24 hours)	ou una musi de l	quar to or ex	ceed top dit
First New Oil I	Run To	Tanks	Date of Test		Producing	Method (Flou	, pump, ga	s lift, etc.)		
th of Test			Tubing Pressure		Casing P	ressure	 -	Choke Size	1	
1 Prod. During	Test		Oil-Bbls.		Water - Bh	ole.		Gas-MCF		
-								10 Aug 10		
					1					
VELL										
Prod. Test-1	MCF/D		Length of Test		Bbls. Co	ndensate/MMC1	-	Gravity of	Condensate	
Method (pit	ot, back	pr.)	Tubing Pressure (Shut-i	n)	Casing P	ressure (Shut	-in)	Choke Size	,	
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					APPR	6VED				9
certify the	at the ri	mplied "	egulations of the Oil Cor with and that the informa	nscrvation ition given	11 1	\ T _^~	X/1	/_)		
true and	comple	ete to the	rith and that the information best of my knowledge a	and belief.	BY	You C	14	aure	2	

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

This form is to be filed in compliance with RULE 1104.

shle 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.