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	NO. OF COPIES RECEIVED	`			
	DISTRIBUTION	NEW MEXICO DIL CONSERVATION COMMISSION		Form C-104	
	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	U.S.G.S.		AND		
	LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL O	iAS/ዝ '67	
	OIL	Orig & 4ec: Mecco			
	TRANSPORTER GAS	lec: W. L.	Boone		
	OPERATOR	lec: R. H.	Coe		
	PRORATION OFFICE	lec: File			
1.	Operator	<u> </u>			
	Tidenster Gil. Co	TiAmeter Gil Company			
	Address				
	P. O. Box 249. 1	lobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box)	_	Other (Please explain)		
	New We!l	Change in Transporter of:			
	Recompletion	Oil Dry Gas	Formerly Sobio!	s Ferry Hardy Well #1	
	Change in Ownership	Casinghead Gas Condens		a seed men AT	
	If change of ownership give name and address of previous owner	Sobie Petroleum Co., Bo	st 3167, Midland, Takes	79704	
II.	DESCRIPTION OF WELL AND I	LEASE / Well No. Pool Name, Including Fo	ormation Kind of Leas	e Lease No.	
	tercy Toro	9 914-1-	State, Federa		
	Location	7 J ALIDEOTY		700	
	17 660	Gandh	. 1680		
	Unit Letter;	Feet From The South Line	e andFeet From '	The	
	Line of Section 17 Tow	mship Range	37 8 , NMPM,	County	
	Line of Section Tow	whamp / Addinge	, IVNITIVI,	County	
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s		
111.	Name of Authorized Transporter of Oil		Address (Give address to which appro	ved copy of this form is to be sent)	
	Tettas New Me	mico Pipeline Co.	Box 1510, Midland,	Terre	
	Name of Authorized Transporter of Cas		Address (Give address to which appro		
	Shelly Oil C	CHARLEY	Box 1135, Emice, E	er Merico	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
	give location of tanks.	0 17 218 372	No		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA				
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gds Pdy	Tubing Deptin	
	D-1			Depth Casing Shoe	
	Perforations				
		TUBING CASING AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLL SIZE	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift etc.)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas t	-,-,	
		Tuking Because	Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Cramid Liasoma		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	Actual Prod. During 1991	0 B.Z.I.Z.	1		
	l	<u> </u>	J		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			<u> </u>		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	and	
	Original Signed By C. L. WADE (Signature)		TITLE		
			This form is to be filed in compliance with RULE 1104. 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 allow-		

September 19, 1967

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.

Secrete Forms C-104 must be filed for each pool in multiply

Committee to the same of the s