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TRANSPORTER	OIL	
	GAS	
OPERATOR		
5500 ATION 655		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

V.	Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in)	Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Choke Size Gas-MCF Gravity of Condensate Choke Size	
v.	Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	Tubing Pressure Oil-Bbls.	Water - Bbls.	Gas - MCF	
V.	Date First New Oil Run To Tanks Length of Test	Tubing Pressure			
v.	Date First New Oil Run To Tanks				
V.					
v.	17 April 17 Autoriori	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		TUBING, CASING AN	ID CEMENTING RECORD		
	Perforations			Depth Casing Shoe	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Restv. Diff. Res	
	If this production is commingled wit COMPLETION DATA				
	give location of tanks.	L 17 11S 33E	Soon	Immediately	
	Warren Petroleum Co	Unit Sec. Twp. Rge.	Box 1589, Tulsa, Is gas actually connected?	Oklahoma 74102	
	Name of Authorized Transporter of Cas			approved copy of this form is to be sent)	
	Jan	of the second second	/ State address to which	Ter to the safe, of the form to to be south)	
1.	DESIGNATION OF TRANSPORT			approved copy of this form is to be sent)	
	Line of Section 17 Tov	vnship 11-S Range	33-E , NMPM,	Lea County	
	Unit Letter L ; 198	BO Feet From The South Li	ine and 810 Feet	From The West	
	Location	_		NM - 050480	
	Lease Name Chaney Federal	Well No. Pool Name, Including 1 North Bagley	ļ.,	rederal	
II.	DESCRIPTION OF WELL AND	LEASE			
	If change of ownership give name and address of previous owner				
	Change in Ownership	Casinghead Gas X Conde	ensate		
	Recompletion	Oil Dry G	as 🔲		
	Reason(s) for filing (Check proper box,	Change in Transporter of:	Other (Please explain)	
	Address 1900 Wilco Buildi	ng, Midland, Texas '	70701		
	J.M. Huber Corpor	ation			
I.	PRORATION OFFICE Operator				
	GAS OPERATOR				
	TRANSPORTER OIL		្រ ១០ ខេត្ត អូក្		
	LAND OFFICE	AUTHORIZATION TO TR	201 1 37 WH 300		

VI.

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

District Production Superintendent (Title)

September 9, 1968

(Date)

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.