HO. OF COPIES REC	EIVED	1	
DISTRIBUTI	1	T	
SANTA FE	<del> </del> -	<del> </del>	
FILE	†	†	
U.S.G.S.	<del> </del> -	<del>                                     </del>	
LAND OFFICE	1	<del> </del>	
TRANSPORTER	OIL		1
	GAS		
OPERATOR	<del> </del>		
PRORATION OF	<del>                                     </del>	$\vdash$	

C-110

SANTAFE				NEW MEXICO	OIL CO	NSERVATIO	ON CON	\$15. J	, .	Form C+104	
FILE				REW	JEST F	EST FOR ALLOWABLE				Supersedes Old Colon and C	
U.S.G.S.		A	UTHOR	IZATION TO	TRAN	AND ISPORTIOL	I ASSE	114 Time		Effective 1-	1-65
IRANSPORTE	<del></del>					0. 0.01 0.	E 4.45	NATUKA	L GAS		
	GAS									•	
OPERATOR											
PRORATION C	FFICE										
BTA Oil	Producers	5							<del></del>		
Address						·					
Reason(s) for filin	h Pecos,	Midland	d, Te	exas 79	701						
New Wall	g (Check proper b	ox)				Othe	r (Pleas	e explain)			
Recompletion		Oil	nge in Ti	ansporter of:	a	_					
Change In Owners	hip.	Casi	Inghead (	Fi "	ity Gas Condensai	<u>.</u> Hl					
If change of owne	rship give name					<u> </u>					
and address of pr						<del>-</del>					
II. DESCRIPTION Lease Name	OF WELL AND	D LEASE									
McNulty 7	7101 .TV-D	2		ol Name, Includi		tion		Kind of Le	-		Lease No.
Location	101 0V-D			Vada-P	enn	<del> </del>		State, Fede	eral or Fee	Fee	
Unit Letter	F" ; 19	980_Feet	From Ti	• North	I ine an	4 1000	,		••	_	
Line of Section	2				_ 121116 (11)	1 1 700	<u>/</u>	_ Feet Fron	The Wes	<u>t</u>	
			<u>-s</u>	Range	34	-E	, NMPM,	Lea_			County
Name of Authorized	F TRANSPOR	RTER OF C	DIL AN	D NATURAL	GAS						
	rionsporter of O.	۰۰ لکھا ۰۰	or Conde	nsate	Add	iress (Give a	ddress to	which appr	oved copy of th	is form is e	0 10 0000
Mobil Pip	<u>E Line Co</u> Transporter of Co	) . esinghead Gar	<u>(छि)</u>	Or Devi Coo Coo	BC	x 900.	ובת	1 - 0 - 1 - 1			
Warren Pe			الما	or Dry Gas	1	aces (intee m	aaress to	o which appr	oved copy of th	is form is to	o be sent)
If well produces oil	or liquids.		Sec.	Twp. P.ge.	ls d	x 1589	, Tu	<u>lsa, o</u>	klahoma	7410	0
give location of tan		L	3	9-S 34-	-E Y	es		i	ien		
If this production is IV. COMPLETION D	s commingled wi ATA	ith that from	any oth	er lease or po	ol, give	commingling	g order	number:			1
Designate Typ			Oil We					Deepen			
Date Spudded	de of Completio		! 	!		1		)   	Plug Back	Same Res	v. Diff. Restv.
Date Spanded		Date Compl	. Ready	to Prod.	Tota	l Depth	······································	L	P.B.T.D.	<u></u>	
Elevations (DF, RKE	R. RT. GR, etc.	Name of Pro	oducing i	Formation		00.0					
			•		100	Oil/Gas Pay			Tubing Dept	h	
Perforations							·····	<del></del>	Depth Casin	Shoe	
			THEAT	C CACINO .			<del></del>				
HOLE	SIZE	CASIN	G & TL	G, CASING, A	ND CEN		ECORD TH SET				
						<u> </u>	14251		SA	CKS CEME	NT
		<del> </del>							† <del></del> -		
		l									
V. TEST DATA AND	REQUEST FO	R ALLOW	ABLE	(Test must be	alter rec	Ostanu of annal			<u> </u>		
OIL WELL Date First New Cil Ri		Date of Test		able for this c						ial to or exc	seed top allow-
		24.0 01 1001	•		Produ	cing Method (	(Flow, p	urip, gas lifi	, etc.)		
Length of Test		Tubing Press	u.	<del></del>	Casin	g Pressure			Choke Size		
Actual Prod. During T		00 551							Chore Size		
		Oil-Bbls.			Water	Bbls.		<del></del>	Gas-MCF	<del></del>	
GAS WELL Actual Prod. Test-MC			<del></del>								
Actual Prod. 1881-MC	FZD	Length of Ter	st		Bbls.	Condensate/A	MMCF		Gravity of Con	denagte	
Testing Method (pitot,	back pr.)	Tubing Press:	ue (Shu	t-in)	Casta	D					
				,	Cusing	Pressure (S	nut-in	'	Choke Size		
CERTIFICATE OF	COMPLIANCE	3			1		1 004	- <u> </u>	1011-00111		
houst a sure of						7		TAY 2	10 <b>1979</b> MM	ISSION	
hereby certify that to commission have been bove in true and co					APP	ROVED	7	- <i>-</i> )	-		
bove is true and co	mplete to the b	est of my k	nowled	e and belief.	BY_	XX		T V	Pho		
$\cap$		7			TUTE	E SUP	ervis	O'R DIST	NCY /		
	$N$ $\mathcal{L}$		,				4- 4				
- KIN	1. 200	yW/	<del></del>	<del></del> !	] 1	f this is a r	equest	for allowat	npliance with le for a newl	. 4.111.4	
Production	Olerk Clerk	· e /			, were,	F122 FO113 III	12 m 1 D G	CCOmpenie	d by a tabula	itian at the	deviation
	(Title)	· · · · · · · · · · · · · · · · · · ·	<del></del>		/	Il sections	of this	form must	be filled out		for allow-
5/24/71					Bole	on new and 'ill out only	recomp Section	leted wells	i. IT and UT fo		
	(Date)			-	,	anse or man.	oer, or t	ransporter,	II, and VI fo or other such	Change of	condition.
				Pi	· S	eparate For	rms C-1	04 must b	e filed for e	sch pool i	n multiply

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