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U.S.G.S.						
LAND OFFICE						
IRANSPORTER	OIL					
THE STATE OF THE	GAS					
OPERATOR						
PRORATION OF	ICE					

NEW MEXICO OIL CONSERVATION COMMISSION. REQUEST FOR ALLOWABLE AND

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

	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	TRANSPORTER OIL									
	OPERATOR GAS	_								
	PRORATION OFFICE	_								
1.	Cperator									
	Charles B. Gillespie, Jr.									
	Address									
	P. O. Box 1170 Midland, Texas 70701 Reason(s) for filing (Check proper box) Other (Please explain)									
	New Well	Change in Tr	vins sortar i	of.		Other (Pleas	e explain) Former 1:	.,		
	Recompletion	Oil		Dry Go	rs T		State S			
	Change in Ownership X Casinghead Gas Conde				$\overline{}$		500.00			
	If change of ownership give name and address of previous owner	Am era da-He	ess Cor	po r atio	on					
H.	DESCRIPTION OF WELL AND	DESCRIPTION OF WELL AND LEASE Lease Name								
	State K	Lease No.	1			ng rormation Per mo-Pi	0 000	Kind of Lease State, Federal or Fee	Chaha	
	Location		<u> </u>	30	auneers	relmu-r	Eritt	State, Federal of Fee	State	
	Unit Letter P ; 66	50 Feet From T	heSo	u th	ne and	660	Feet From	The E?St		
	Line of Section 29 To	ownship 148	F	Range	33E	, NMPM	١,	Lea	County	
						-				
111.		DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate								
	Name of Authorized Transporter of Co	- - -	or Dry Go	rs				oved copy of this form is to Oklahoma 74102		
	If well produces oil or liquids,	Unit Sec.	ITWp.	Rge.		tually connect		hen /4102		
	give location of tunks.	P 29	, 14	33	y e s		İ	unknown		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA									
	Designate Type of Completi	ion = (X)	re.i G	las Well	New Well	Workover	Deeper	Plug Back Same Res	v. Diff. Restv.	
	Date Spudded	Date Compl. Read	ly to Prod.		Total Dep	<u> </u>		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Cil/Gas Pay			Tubing Depth			
	Perforations			<u> </u>			Denth Casina Shoe			
		Perforations Depth Casing Shoe								
		TUB	ING, CAS	ING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING &				DEPTH SE		SACKS CEM	SACKS CEMENT	
					 			 		
v	TEST DATA AND REQUEST F	OP ALLOWARI	E /Tank				1	and must be equal to or e:		
٧.	OIL WELL	OR ALLOWABL	able			y oj total volu r full 24 hours		ana must be equal to or e	iceea top allow:	
					Producing	Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
	Actual Prod. During Test	Oll-Bbls.			Water-Bbis.			Gas - MCF		
		J. 2000								
	GAS WELL									
	Actual Prod. Test-MCF/D	Length of Test			Bbls. Con	.densate/MMCI	F	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure			Casing Pressure			Chaka Siz-		
	reading wathou (publ, buch pr.)	,			Capital Lipponia			Choke Size		
37	CERTIFICATE OF COMPLIAN	ICE				OU 6	ONCEEV	A TION COMMISSION		
¥ I.	CERTIFICATE OF COMPLIAN	CE				OIL (. ONSERV/ 	ATION COMMISSION	ł	
	I hereby certify that the rules and	regulations of the	Oil Cons	ervation	APPRO	ov)o		,	19	
	Commission have been complied with and that the information given			In the State of the said of						
	above is true and complete to the best of my knowledge and belief.			BY						
	,				TIT/SE	TIT/≠				
	Mark Black	4 O	eri"	i	Th	is form is to	be filed in	compliance with RULE	1104.	
	Will Role / Starte	Code to		1				ushle for a newly drille		

(Signature)

(Title)

January 1, 1971
(Date)

Owner

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.