NO. OF COPIES RECE			
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF			

DISTRIBUTION	NEW MEXICO OIL CO	ISERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-11	
ANTAFE	REQUEST F	OR ALLOWABLE		Effective 1-1-65	
ILE ·		AND			
1.S.G.S.	AUTHORIZATION TO TRAN	USPORT OIL AND N	IATURAL GAS		
AND OFFICE					
OIL					
RANSPORTER GAS	•				
PERATOR		•			
PROPATION OFFICE					
perator				_	
Robert B. Holt					
ddress	• •••• • • • •	Texas 79701			
801 First Nati	onal Bank, Midland,	Other (Please	explain)		
eason(s) for filing (Check proper box)	Change in Transporter of:	Chang	e in desi	gnation	
lew Well		s D zeros	ge Commun	itized	
ecompletion	· · · · · · · · · · · · · · · · · · ·		ge Commun	101200	
hange in Ownership	Casinghead Gas Condens				
change of ownership give name					
ESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No
ease Name	Well No. 1 ool trame,		State, Federal or	Fee State	K-591
Aztec State (COM)	4 North Baum U	IDDET FEITH			
Location	South	554	Feet From The	East	
Unit Letter P : 554	Feet From The South Line	e and	1 000 1 1000 1 110		
25 так	13S Range 3	32E , NMPN	ı, Lea		Count
Line of Section 25 Tow	waship 130 Range				
	TER OF OUL AND NATURAL GA	ıs			1 1
ESIGNATION OF TRANSPORT	OF Condensate	Address (Give address	to which approved	copy of this form is to	oe sent)
	***	P O Box 3	19. Midla	nd. Tx. 797	<u>01</u>
The Permian Corp	Singhead Gas X or Dry Gas	P.O. BOX 3	to which approved	copy of this form is to	o de senti
		Gulf Bldg.	. Midland.	Tx. 79701	
Warren Petroleum	Unit Sec. Twp. Rge.	Is gas actually connec	ted? When		
if well produces oil or liquids,	100120	No	15	-20 days	
give location of tanks.	P 25 138 32E		er number:		
this production is commingled wi	th that from any other lease or pool,	give comminging order			12.77 5
COMPLETION DATA	Oil Well Gas Well	New Well Workover		lug Back Same Res	v. Diff. Re
Designate Type of Completion	on = (X)		1		
	Date Compl. Ready to Prod.	Total Depth	F	P.B.T.D.	
Date Spudded					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	7	Fubing Depth	
Elevations (Dr. AAD. A1. GA. etc.)					
				Shape Shape	
				Depth Casing Shoe	
Perforations				Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECO			
Perforations	TUBING, CASING, AN	ID CEMENTING RECO	RD	Depth Casing Shoe	IENT
	TUBING, CASING, AN	D CEMENTING RECO	RD		IENT
Perforations		D CEMENTING RECO	RD		IENT
Perforations		ID CEMENTING RECO	RD		IENT
Perforations	CASING & TUBING SIZE	DEPTH	SET	SACKS CEN	
Perforations HOLE SIZE	CASING & TUBING SIZE	DEPTH	SET	SACKS CEN	
Perforations HOLE SIZE TEST DATA AND REQUEST F	CASING & TUBING SIZE	after recovery of total vo	SET	SACKS CEN	
Perforations HOLE SIZE TEST DATA AND REQUEST FOUL WELL	CASING & TUBING SIZE	DEPTH	SET	SACKS CEN	
Perforations HOLE SIZE TEST DATA AND REQUEST F	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d	after recovery of total vo	SET	SACKS CEN d must be equal to or etc.)	
Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d	after recovery of total vo	SET	SACKS CEN	
Perforations HOLE SIZE TEST DATA AND REQUEST FOUL WELL	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d	after recovery of total voicepth or be for full 24 hot Producing Method (Fl	SET	SACKS CEN d must be equal to or etc.) Choke Size	
HOLE SIZE HOLE SIZE TEST DATA AND REQUEST FOIL WELL. Date First New Oil Run To Tanks Length of Test	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d	after recovery of total voicepth or be for full 24 hot Producing Method (Fl	SET	SACKS CEN d must be equal to or etc.)	
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HOLE SIZE TEST DATA AND REQUEST FOIL WELL. Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	after recovery of total voicepth or be for full 24 hor Producing Method (Fl. Casing Pressure Water-Bbis.	SET Slume of load oil anurs) ow, pump, gas lift,	SACKS CEN d must be equal to or etc.) Choke Size Gas-MCF	exceed top a
HOLE SIZE HOLE SIZE TEST DATA AND REQUEST FOIL WELL. Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure Oil-Bbls.	after recovery of total voidepth or be for full 24 hor Producing Method (Fl	SET Slume of load oil anurs) ow, pump, gas lift,	SACKS CEN d must be equal to or etc.) Choke Size	exceed top a
HOLE SIZE TEST DATA AND REQUEST FOIL WELL. Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	DEPTH after recovery of total value of the for full 24 hore of the for full 24 hore of the form of th	SET SILUME of load oil an ars) ow, pump, gas lift,	SACKS CENd must be equal to or setc.) Choke Size Gas-MCF Gravity of Condensate	exceed top a
HOLE SIZE HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this described for this descri	after recovery of total voicepth or be for full 24 hor Producing Method (Fl. Casing Pressure Water-Bbis.	SET SILUME of load oil an ars) ow, pump, gas lift,	SACKS CEN d must be equal to or etc.) Choke Size Gas-MCF	exceed top a
HOLE SIZE HOLE SIZE TEST DATA AND REQUEST FOIL WELL. Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure Oil-Bbls.	DEPTH after recovery of total value of the for full 24 hore of the for full 24 hore of the form of th	SET SILUME of load oil an ars) ow, pump, gas lift,	SACKS CENd must be equal to or setc.) Choke Size Gas-MCF Gravity of Condensate	exceed top a
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Toband & Short	<u>.</u>
(Signature)	
Operator	
(Title)	
September 23, 1970	
Depectable 10	

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.

RECEIVED

SEP 2 4 1970
OIL CONSERVATION COMM.
HOBBS. N. I.I.