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LAND OFFICE				
TRANSPORTER	OIL			
TRANSFORTER	GAS			
OPERATOR				
PRORATION OF	PRORATION OFFICE			
Operator	Operator			
Collier & Co	Collier & Collier			
Address				
P.O. Box 798	P.O. Box 798, Artesia,			
Reason(s) for filing	(Check p	roper box		
New Well				
Recompletion				
Change in Ownership	PΧ			
If change of ownership give name and address of previous owner				
DESCRIPTION O	F WEL	L AND		
Lease Name				
Big Circle				
Location		33		
Unit Letter	<u>P</u>	. i		

(Date)

ŀ	SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS
ļ	LAND OFFICE			
	TRANSPORTER GAS			
	OPERATOR			
.	PRORATION OFFICE			
•	Operator			
	Collier & Collier			
	Address			
	P.O. Box 798, Artesia,			
	Reason(s) for filing (Check proper box,	•	Other (Please explain)	
	New Well	Change in Transporter of:	<u></u>	
	Recompletion	Oil Dry Gas		
,	Change in Ownership X	Casinghead Gas Conden	sate	
	If change of ownership give name	I C H Dwoduction Co. D	0 Per 709 America	W- / 00010
	and address of previous owner	J & H Production Co., P	.O. Box 798, Artesia, No	ew Mexico 88210
		T E ACE		
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	Big Circle	2 Tonto Yates, S	State Federa	or Fee Fed. MM#077006
	Location	L TOITEO TACES, D	OCCUPATION OF THE PROPERTY OF	
	/ n 33	Feet From The South Line	e and 330 Feet From 7	_{The} East
	Unit Letter P;	Peet Flom The		
	Line of Section 24 To	wnship $19S$ Range 3	2E , NMPM,]	Lea County
	Zine di Basilan			
HI.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)
	Texas-New Mexico Pipeli	ne Co.	P.O. Box 1510, Midland	1. Texas 79701
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en
	give location of tanks.	P 24 19 32		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Designate Type of Completion		New Well Workover Doops	1
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded	Date Compt. Reday to Frod.	Total Dopin	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Lievanione (Dr., RRB, Rr, OR, ele.)			
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				
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	dote for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	(t. etc.)
	Date First New Oil Run To Tanks	Date of Test	Producting Marines (1 toos, pamp) and the	
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test	I doing Pressure		
	And David Davids Tool	Oil-Bbis.	Water - Bbls.	Gas-MCF
	Actual Prod. During Test	011-22101		
	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
%/E	CERTIFICATE OF COMPLIAN	CE OIL CONSERVATION COMMISSION		ATION COMMISSION
VI. CERTIFICATE OF COMPLIANCE		NUV) 13/ 4	
	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.		APPROVED	Signed by. , 19
			I now Towns	Sexuu
				J. Supv.
			TITLE	
			This form is to be filed in	compliance with RULE 1104.
			TO ALLE TO A COMMON FOR ALLO	wahle for a newly drilled or decomed
			I wall this form must be accomp	enied by a tabulation of the deviation
	Anat	•	tests taken on the well in acco	ordance with RULE 111.
	Acent (Title)		All sections of this form mable on new and recompleted w	ust be filled out completely for allow relis.
(1000)			11	

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.

COMPANIE COMPANIE

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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
		I	

NEW MEXICO OIL CONSERVATION COMMISSION C. C. REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

ſ	FILE	NEGOES! !	AND FR 71 0 03 64 '67	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	TRANSPORTER GAS					
Ì	OPERATOR					
I. [PRORATION OFFICE					
	Operator U & H Pro	duction Co.				
	P.O. Drawer II, Artesia, N.M.					
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:	<u></u>	· ·		
	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name	Kewanee Oil Co.	, Box 3786, Ode			
11	DESCRIPTION OF WELL AND I	EASE	,	NM 07700C		
•••	Lease Name	Well No. Pool Name, Incident rol	rmation Kind of Lease			
	bis Circle	2 South long				
		Feet From The South Line		he <u> </u>		
	Line of Section 24 Tow	mship 19.500th Range 3	2 E2ST, NMPM,	Lec7 County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approx	ed copy of this form is to be sent)		
	Texas New Mexico					
	Name of Authorized Transporter of Cas	Prolina Cb	Address (Give address to which approx	red copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	Pn.		
	give location of tanks.	1 / 12	give commingling order number:			
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool, (New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	On - (X)	New well workster Deaber	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TURING CASING AND	CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TOS.IIO SIZE				
. ,	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-		
V .	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (F.tow, pump, gas in	,-, <i>,</i>		
	Length of Test	Tubing Pressure	Cdsing Pressure	Choke Size		
	Actual Prod. During Test	Qil-Bbls.	Water - Bbls.	Gas - MCF		
GAS WELL				To minute of Condensate		
	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		
VI	. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION COMMISSION		
	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.		APPROVED	, 19		
			BT			
		,	TITLE			
1 Jan 71 Har		This form is to be filed in If this is a request for allo	compliance with RULE 1104. wable for a newly drilled or despende			

(Signature)

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.