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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

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Headings of connecting given name and address of previous owner. DOB 3il Proporties, Inc., Eqx 953, Midland, Texas	i -		Oil			Dry Go	s L	1		7	1/	
BESCRIPTION OF WELL AND LEASE Lease Name Description of Well and Lease State if: 3 E. R Quien State, Federal or Fee State Controlletter D , 853 Feet Prom The West Line and \$30 Feet Prom The Worth Line of Section 7 Township 183 Feare 345 Note of Authorities Transporter of Oil E) or Condensed State Designation OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorities Transporter of Oil E) or Condensed State Designation OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorities Transporter of Oil E) or Condensed State Designation of Authorities Transporter of Oil E) or Condensed State Designation of Authorities Transporter of Oil E) or Condensed State Designation of Authorities Transporter of Oil E) or Condensed State Designation of Authorities Transporter of Oil E) or Condensed State Designation of Authorities Transporter of Oil E) or Condensed State Designation of Authorities Transporter of Oil E) or Condensed State Thillips Patroleum Company 10 this production of Authorities Transporter of Oil Est Sec. Two. Rec. 11 this production is commingled with that from any other lease or pool, give comminging order number: COMPLETION DATA Designate Type of Completion - (X) Date Specified Designate Type of Completion - (X) Name of Producting Personation Total Destal Designate Type of Completion - (X) Name of Producting Personation Total Destal Destal Sec. TUBING, CASING, AND CEMENTING RECORD TOTAL AND REQUEST FOR ALLOWABLE Test mark to after recovery a state value of food oil and mass be equal to or exceed top allowable for this depth to the for fall 24 hours? Test DATA AND REQUEST FOR ALLOWABLE Test mark to after recovery a state value of food oil and mass be equal to or exceed top allowable for this depth to the for fall 24 hours? Canada Pressure Child Feet Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.	Change in Ownership	p X	Casin	ghead Gas	s [Conder	sate		· //		<i>y</i>	
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Name of Authorized Transporter of Oil E or Condensate	Line of Section	7 , T	ownship	188	R	ange	345	, NMPM,		ea	County	
Name of Authorized Transporter of Cossingheed GaMCC Or Dry Gas Address (Give address to which approved copy of this form is to be sent)	Name of Authorized	Transporter of C	il E c	or Condens		RAL GA	Address (G				is to be sent)	
Thillips Patroleum Company 19th Floor Adams Bldg. Rartleswille, Cklahom 18 well produce at left liquids. 9 7 135 345 Yes September 1963 If this production is commingled with that from any other lease or pool, give commingling order number: Completion Data					- Dru Ca		Mox I	1510, Nic	lland, T	exas	ia ta ha aanti	
If well produces oil or liquids, qive location of tanks. D 7 13S 34S Yes September 1963 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spadded Date Compl. Ready to Prod. Total Depth Perforetions Tubing Casing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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) Date Pirst New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size	1			RES O	r Dry Ga	s						
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CERTIFICATE OF COMPLIANCE	Testing Method (pit											
		ot, back pr.)	Tubing Pre	essure			Casing Pre	ssure		Choke Size		

/I. CERTIFICATE OF COMPLIANCE

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.

(Signature) Agent (Title)

(Date)

June 21, 1965

OIL CONSERVATION COMMISSION

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ВУ	
TITLE	

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 Sections I, II, III, and VI only 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.