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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Morris R. Antweil		
Address P. O. Box 2010, Hobbs, NM 88241		
Reason(s) for filing (Check proper box)		Other CASINGHEAD GAS MUST NOT BE FLAMED OFF UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

Lease Name C. P. Bordages		Well No. 1	Pool Name, including Formation Nadine Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No. NA
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 28 Township 29S Range 38E , NMPM, Lea County					

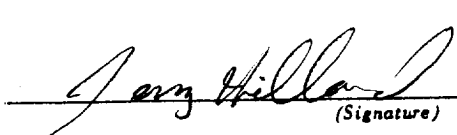
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 28	Twp. 19S	Rge. 38E	Is gas actually connected? No

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/1/83	Date Compl. Ready to Prod. 2/1/84	Total Depth 8265'		P.B.T.D. 6530'					
Elevations (DF, RKB, RT, GR, etc.) 3581' GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 6103 1/2		Tubing Depth 6098					
Perforations 6103 1/2 - 6218 1/2 (20)				Depth Casing Shoe 8265					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		384		380				
11	8 5/8		4345		2000				
7 7/8	5 1/2		8265		1175				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 First New Oil Run To Tanks 2/3/84	Date of Test 2/22/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 17.8	Water-Bbls. 32	Gas-MCF 18.6

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 FEB 27 1984, 19	
Agent  (Signature)		BY ORIGINAL SIGNED BY JERRY SEXTON	
(Title)		DISTRICT I SUPERVISOR	
2/24/84 (Date)		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.	

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FEB 24 1984

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HOBBS OFFICE