NO. OF COPIES REC	EIVED	i	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE	L		
TRANSPORTER	OIL	<u> </u>	
THANSFORTER	GAS		
OPERATOR			
	l	l	

October 18, 1965 (Date)

SANTA FE				FOR ALLOWABLE	Supersedes Old C-104 and C-11	
FILE				AND	Filective (-1-65	
U.S.G.S.			AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (	GAS	
LAND OFFICE				•	UCT 20 1 as an	
TRANSPORTER	OIL			FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (	23° FT 80	
OPERATOR	GAS					
PRORATION OF	FICE					
Operator			43 Compone			
Address	Ten	neco U	oil Company			
	Вох	1031,	Midland, Texas			
Reason(s) for filing	(Check p	roper box)		Other (Please explain)		
New Well	$\vdash$		Change in Transporter of:		lease from B.M. Justis	
Recompletion Change in Ownership	H		Oil Dry Ga Casinghead Gas Conden	<b>7</b> i		
Change III Ownership	<u></u>					
lf chånge of owners and address of prev						
DESCRIPTION O Lease Name	F WELI	L AND I	LEASE   Well No.   Pool Nar	me, Including Formation	Kind of Lease	
B.M. Just	ic R		i i	lmat, Y. Sr. Tans.	State, Federal or Fee Fee	
Location D.M. Bust	<u>/10 D</u>				n/ 1	
Unit Letter	F	:196	Feet From The north Lin	e and 980 Feet From	The <u>east</u> Hea	
			0F g	37-E , NMPM, Lea	County	
Line of Section	20	, Tow	mship 25-S Range	37-E , NMPM, Lea		
DESIGNATION O	F TRA	NSPORT	TER OF OIL AND NATURAL GA	S		
Name of Authorized	Transpor	ter of Oil	or Condensate	Address (Give address to which appro		
Shell Pip				Address (Give address to which appro	exas	
Name of Authorized			•	Box 1384, Jal, New M		
· El Paso I			Unit Sec. Twp. Rge.		en	
If well produces oil give location of tank		3,	B 20 25S 37E	yes u	nknown	
f this production is	s commir	ngled wit	h that from any other lease or pool,	give commingling order number:		
COMPLETION D			Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Designate Typ	pe of Co	omplețio	n = (X)			
Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				The City Core Paris	Tubing Depth	
Pool			Name of Producing Formation	Top Oil/Gas Pay	. I also the second sec	
Perforations				<u> </u>	Depth Casing Shoe	
			TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
HOLE	SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				•		
	<del></del>	·				
TEST DATA ANI	D REQU	JEST FO	OR ALLOWABLE (Test must be as	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow	
OIL WELL Date First New Oil			Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)	
Date First New Oil	ituii 10 i				•	
Length of Test			Tubing Pressure	Casing Pressure	Choke Size	
				Water-Bbls.	Gas • MCF	
Actual Prod. During	Test		Oil-Bbls.	water - Bbis.	, and the second	
				l		
GAS WELL						
Actual Prod. Test	MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				G-d December	Choke Size	
Testing Method (pit	ot, back j	pr.)	Tubing Pressure	Casing Pressure	Choice Bills	
				OIL CONSERVATION COMMISSION		
CERTIFICATE (	JF COM	IPLIAN(	∪ <b>E</b>	012 0011021117		
I herehu certifu th	at the ru	les and r	egulations of the Oil Conservation	APPROVED	, 19	
Ci-miam bassa	heen co	molied u	with and that the information given best of my knowledge and belief.	BY A	ames	
apove is true and	complet	re to tue	V .			
	11	0/		T/T1/E		
>	X to target			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened		
/	$\overline{\lambda}$	USE-	R.L. Leggett		anied by a tabulation of the deviation	
·		(Signo	loo Gunomei com	tests taken on the well in acco	rdance with RULE 111.	
D:	LSTT1C	C UIII	ce Supervisor	All sections of this form mu	ust be filled out completely for allow-	

able 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.