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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Waldon S. Guest & I. J. Wolfson

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: **Effective 10/1/73**
 Recompletion Oil Gas
 Change in Ownership Oil Gas

If change of ownership give name and address of previous owner: **Skelly Oil Company, Box 730, Hobbs, New Mexico 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. H. Saunders	Well No. 3	Lease Name Saunders Permo Penn	State, Federal or Fee Fee	Lease No.
Location Unit Letter D 660 North 660 West	Line of Section 34	Township 14 S	Range 33 E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Amoco Pipeline Company	Address to which approved copy of this form is to be sent 2300 Continental Nat'l Bank Building, Ft. Worth, Texas 76102
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> Warren Petroleum Corporation	Address to which approved copy of this form is to be sent Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. F 34 14S 33E	When? Unknown

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

IV. COMPLETION DATA

Designate Type of Completion (C)	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Comp. Ready to Prod.	P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Perforating Company	Tracing Depth		
Perforations		Depth casing shoe		
TUBING CASING AND CO. PERFORATING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH - SET	SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Volume of load of oil and gas (ft. etc.)
Length of Test	Testing Pressure	Choke Size
Actual Prod. During Test	Oil-BHP	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Choke Size

VI. 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.

Wesley Halls
(Signature)
Agent
(Title)
10/17/73
(Date)

OIL CONSERVATION COMMISSION

Approved _____, 19____

Off. Signed by
Joe D. Ramey
Dist. I. Supv.

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 of the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowables on new and recompleted wells.
Fill out ONLY Sections I, 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