COPIES RECEIVED		
DISTRIBUTION	NEW MEXICO OIL	_ CONSERV
ANTA FE /	REQUES	ST FOR AL
FILE	AUTUODIZATION TO T	AND
LAND OFFICE	AUTHORIZATION TO T	RANSPUR
TRANSPORTER	!	
GAS	1	
OPERATOR /		
PRORATION OFFICE		
Shelly off Compa	B .¥	
Adiress		
BUK 730 - Nobbs		
Reason(s) for filing (Check proper box)  New Well	) Change in Transporter of:	
Renompletion		/ Gas
Thur, re in Ownership	Casinghead Gas Co	ndensate
f change of ownership give name nd address of previous owner		
DESCRIPTION OF WELL AND	LEASE   Well No.   Pool	Namo Inglud
Lease Mame		ayburg de
Location.	ter; 10 5 Gr	-0
Unit Letter "D"; 660	Feet From The North	Line and
To at Section S. To.	wnship 17-S Range	31 -E
Line of Section 15 , Tov	wnship 17-5 Range	) <u>*</u> "U
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Oil	or Condensate	Address
PEXAL ANY MEXICO PLOS	Line Company	Kott
Name of Authorized Transporter of Cas	singhead Gas 🔐 cr Dry Gas 🔝	Address
CHRISTY OLD Company - Me		1 2 34 40
	Thit Sec. Two. Rge.	XOX Is gas a
If well produces oil or liquids, give location of tanks.  If this production is commingled wi	th that from any other lease or po	Is gas a
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## TION COMMISSION OWABLE

OIL AND NATURAL GAS

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

Address				
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Renampletion	Cil Dry Gas	Shugga turn her	Large 15-3at Con	
Thur, re in Cwnership	Casinghead Gas Condens	sate Grange have bettery location		
f change of ownership give name nd address of previous owner				
DESCRIPTION OF WELL AND	LEASE		***	
Lease Name	<i>71</i>	e, including Formation urg Jackson : C & SA	Kind of Lease State, Federal or Fee	
Dong MAN (5 a)	tter; 10 5 Grayb	ME Azeranis o to tou		
Unit Letter What ; 66	Feet From The <b>North</b> Line	e and 660 Feet From	The West	
Line of Section 15 , To	wnship 17-5 Range	NMPM,	County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S		
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appro		
Name of Authorized Transporter of Co	Line Company	Box 1510 Midland Address (Give address to which appropriate to the control of the	oved copy of this form is to be sent)	
		Sox 1135 - maice, A		
If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen	
give location of tanks.	"A" 22 17 8 23 b	Yes		
	ith that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
Designate Type of Completi	on – (X)	1 1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations			Depth Casing show	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load or	l and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)  ECE  Choke Size	
Date First New Oil Han 10 I dike	54.6 01 1651		DECE	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Choke Size	
Actual Prod, During Test	Oil-Bbls.	Water - Bbls.	Gas-MOF"  C. C.	
			ARTEBIA, DEFILE	
GAS WELL			ARI	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION	
		MAD 1	2.4005	
I hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED MAR 1	<del>2/1965, 19</del>	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY // X ( /7/11/2/2014)		
		TITLE SE AND SAS I	napertus	
/	~ 1		compliance with RULE 1104.	
		If this is a request for allowable for a newly drilled or deepened		
(Standeure)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
- Dist Superuntendent		tests taken on the wall in acc	All sections of this form must be filled out completely for allow-	
		tests taken on the well in acc	nust be filled out completely for allow	
	Title	All sections of this form able on new and recompleted	nust be filled out completely for allow wells. It and VI only for changes of owner	
	Title	All sections of this form able on new and recompleted  Fill out Sections I, II, I well name or number, or transp	nust be filled out completely for allow wells. II, and VI only for changes of owner orter, or other such change of condition	
	Title	All sections of this form able on new and recompleted  Fill out Sections I, II, I well name or number, or transp	nust be filled out completely for allow wells.	