	Line of Section 13	Townshi	9 South	R	ange 37 1	est	
İ	Unit Letter H	1980	Feet From TI	he Nort	hLine a	n d	6
ľ	Location						
į	Toles Federal			1	Sawyer	San	Andr
Ť	Lease Name			Well No.	Pool Name,	Includ	ing For
1	DESCRIPTION OF WELL A	ND LEA	ASE				
ê	and address of previous owner						
I	If change of ownership give nar	ne					
	Change in Ownership		Casinghead G	as 🔲	Condensat	e	
	Recompletion		Oil		Dry Gas		Ass
	New Well		Change in Tro	nsporter of	i:		
ľ	Reason(s) for filing (Check proper	box)					Other
	Box 1392, Long	gview,	Texas				
t	Address	-					•
	Western Drill:	ing Co	mpany				
-	Operator	1				-	
-	PRORATION OFFICE	 					
-	OPERATOR						
	TRANSPORTER - GAS						
	LAND OFFICE						
	U.S.G.S.		AUTHORI:	ZATION	TO TRANS	SPOR'	T OIL
	FILE				A	AND	
	SANTA FE			OR ALLOWA			
ļ.	DISTRIBUTION		N	NEW MEXICO OIL CONSERVATIO			
1							

(Title)

(Date)

April 19, 1965

COMMISS

Form C-104
Supercedes Old C-104 and C-110

	FILE	-		R	EUUESI	FOR ALL	OWABLE		erseaes Ola C-104 ana C-11 ective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA				AND	011 4110 114 TI	IDAL OAG			
	LAND OFFICE	_ AU	THORE.	ZATIO	N TO TRA	ANSPOR I	UIL AND NATU	JRAL GAS			
	OIL										
	TRANSPORTER GAS										
	OPERATOR										
1.	PRORATION OFFICE										
•.	Operator	_			•						
	Western Drilling Company										
	Address										
	Box 1392, Longv						21 (12)				
	Reason(s) for filing (Check proper bo				-4.		Other (Please explo	ın)			
	Mew Well Change in Transporter of:					re	Annd				
	Recompletion Change in Ownership		nghead G	ags 🗔	Conde	1 1 1	Assignment	to bool.			
	That is a second of the second										
	If change of ownership give name										
	and address of previous owner										
II.	DESCRIPTION OF WELL AND	LEASE									
	Lease Mame			We∷ N	le. Pool Na	me, Including	g Formation	Kind of Le			
	Toles Federal			1	Sawy	er San A	ndres (Gas)	State, Fede	ral or Fee Federal		
	Location				. 4						
	Unit Letter H 18	980 Fee	t From T	he No	rth Lir	ne and	Fe	et From The East			
	17	o	Coush		_ *	7 17	N2 45) 4	•	Country		
	Line of Section 13 , T	ownship 9	300 (1)		Range 3	/ East	, NMPM,	Lea	County		
ш	DESIGNATION OF TRANSPOR	TER OF	OIL AN	D NAT	URAL GA	\s					
	Name of Authorized Transporter of C		or Conde			Address (G		ch approved copy of th	is form is to be sent)		
	トラカベニンケー オ	12	1			Box 33	0, Abilene,	Texas			
	Name of Authorized Transporter of C	asinghead G	qs 🗀	or Dry (Gas 🛣			ch approved copy of th	is form is to be sent)		
	1/1/1/1/	· ×/·	1.					Texas 75219			
	If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		ally connected?	When	26 1064		
	give location of tanks.	: H	13	98	37E	Yes		November	20, 1304		
	If this production is commingled w	ith that fro	m any of	ther leas	se or pool,	give commi	ngling order num	ber:			
IV.	COMPLETION DATA								Det Det Det		
	Designate Type of Complet	ion = (X)	Oil W	ell '	Gas Well	New Well	Workover De	eepen Plug Back	Same Res'v. Diff. Res'v.		
				Total Dant	1 1	P.B.T.D.	<u> </u>				
	Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.1.D.					
	Pool	Name of	Producing	r Formati	ion	Top Cil/Go	as Pav	Tubing Der			
				,			•				
	Perforations					1		Depth Casi	ng Shoe		
	TUBING, CASING, AN					CEMENT	ING RECORD				
	HOLE SIZE CASING & TUBING SIZ		SIZE	<u> </u>	DEPTH SET	S.	SACKS CEMENT				
						<u> </u>					
						 					
					 -						
V.	TEST DATA AND REQUEST I	FOR ALL	OWABL	\mathbf{E} (Test			of total volume of full 24 hours)	load oil and must be e	qual to or exceed top allow		
	OIL WELL Date First New Cil Run To Tanks	Date of T	Test		-		Method (Flow, pum	ip, gas lift, etc.)			
	Length of Test	Tubing P	ressure			Casing Pre	essure	Choke Size			
	Actual Prod. During Test	Oil-Bbls	s.			Water - Bbl:	s.	Gas-MCF			
	GAS WELL	7	(T+			Dhla Cana	lensate/MMCF	Cravity of	Condensate		
	Actual Prod. Test-MCF/D	Length o	rjest			DDIS. COM	tensate/MMCr	Gravity or	Condensate		
	resting Method (pitot, back pr.)	Tubing P	ressure			Casing Pre	essure	Choke Size			
	restring method (prior, odes pri)	l and ing i									
W 7 W	CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION					
VI.	. CERTIFICATE OF COMPLIAN	TUE									
								APPROVED			
	I haveby cartify that the sules and	l regulation	e of the	Oil Cor	servation	APPRO	VEQ		, 19		
	I hereby certify that the rules and Commission have been complied	with and t	that the	informa	tion given						
	I hereby certify that the rules and Commission have been complied above is true and complete to the	with and t	that the	informa	tion given	APPRO BY_					
	Commission have been complied	with and t	that the	informa	tion given	ву					
	Commission have been complied	with and t	that the	informa	tion given	BY					
	Commission have been complied	with and t	that the	informa	tion given	BY TITLE Thi	s form is to be f	iled in compliance	with RULE 1104.		
	Commission have been complied above is true and complete to the	with and t	that the	informa	tion given	TITLE Thi If the well the	s form is to be f	iled in compliance of	with RULE 1104. ewly drilled or deepened bulation of the deviation		

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.