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DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSIONI Form C-104			
FILE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL 29AS			
U.S.G.S.			TILLAN TOAS	
LAND OFFICE		TO TRAISFORT OF AND NA	TO CAS // UP - M	
IRANSPORTER OIL			W 45 AM 385	
GAS			55	
OPERATOR				
PRORATION OFFICE				
Ralph S. C	ooley			
Address	ourey			
P. O. Bex	254, Midland, Texas	79701		
Reason(s) for filing (Check proper	box)	Other (Please ex	plain)	
New Well	Change in Transporter of:	Change in	Lease Name (formerly	
Recompletion	Cil	Dry Gas _ Byers-Fe		
Change in Cwnership	Casinghead Gas	Condensate	-	
If change of ownership give nar		D O D		
and address of previous owner.	Cooley & Molcomb,	P. O. Eox 254, Midl	and, Texas 79701	
DESCRIPTION OF WELL A	ND LEASE			
Lease Mame		Pool Name, Including Formation	Kind of Lease Federal	
Byers "59"	1	Sawyer San Andres Ga	State, Federal or Fee	
	(40 B and			
Unit Letter M ;	660 Feet From The Sout	th Line and 660 F	Feet From The West	
Line of Section 30	Township 9-South Ra	nge 38-East , NMPM,	Lea County	
			Count	
	ORTER OF OIL AND NATUR			
Name of Authorized Transporter o		Address (Give address to w	hich approved copy of this form is to be sent)	
McWeed Corporat		2003 Wilco Build	ing, Midland, Texas hich approved copy of this form is to be sent)	
Name of Authorized Transporter of				
Capitan Petroleur		3707 Rawlins Ave Rge. Is gas actually connected?	enue, Dallas 19, Texas	
If well produces oil or liquids, give location of tanks.		Rge. Is gas actually connected? 38E Yes	When December 23, 1964	
	ii			
If this production is commingled	with that from any other lease of	or pool, give commingling order nu e P. Livermore Febru		
	Oil Well Gas		Deepen Flug Back Same Res'v. Diff. Res	
Designate Type of Compl	etion = (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.R.T.D.	
Fool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
			Depth Casing Shoe	
	TUBING CASIN	G, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SI		SACKS CEMENT	

	FOR ALLOWABLE (Test min oblighted)	ust be after recovery of total volume o	of load oil and must be equal to or exceed top allo	
OIL WELL Date First New Oil Run To Tanks	Date of Test	this depth or be for full 24 hours) Producing Method (Flow, pu	mn gas lift etc.)	
			<i>mp</i> , <u>gu</u> ()(, (((•))	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
l				
GAS WELL Actual Prod. Test-MCF/D	t anoth of Toot			
ACTUAL FIDA, LEST-MUL/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLIA				
			SERVATION 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.			, 19	
			BY	
	Jobt of my knowledge and b			
	Vn.			
KAIL MA	1 HARAFAN	This form is to be	filed in compliance with RULE 1104.	
X CUEPN ?	JUNUN	If this is a request	for allowable for a newly drilled or deepene	
	ignature)	well, this form must be	accompanied by a tabulation of the deviation in accordance with RULE 111.	
Operat			form must be filled out completely for allow	
	(Title) A 104E	able on new and recomp	able on new and recompleted wells.	
	0, 1965 (Date)		I, II, III, and VI only for changes of owner transporter, or other such change of condition	
	•	in the manual of manufact, of	· · · · · · · · · · · · · · · · · · ·	

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.