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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			<u> </u>
PRORATION OFFICE		1	1

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

LAND OFFICE		12 41 41 159	
OIL		43	
TRANSPORTER GAS	•		
OPERATOR			
PRORATION OFFICE			
Operator	10. 1 Ca ba		
Jenneco	Oll Ampas	<u>ug</u>	
Address Poloce 10.	31 Midla	nd Dujas 79.	701
Reason(s) for filing (Check proper box)		Other (Please explain) Change trans Trom Malie	but
New Well	Change in Transporter of:	_ Change trans	garier
Recompletion	Oil Dry Gas	Usa Mali	Oll Corp
	Casinghead Gas Condens	sate Tom Macc	
Change in Ownership			
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND L	EASE	West of Logge	Lease No.
Lease Name	Well No. Pool Name, Including Fo		NM
Maria tedisal	1 Bough ter	moleun State, Federal	0558135
Location Control			. / .
Lecation	10 - Southing	and 660 Feet From T	he West
Unit Letter /// ; OC	Deet From The South Line	did	
~	mship 9-5 Range 3	6-E NMPM, Sea	County
Line of Section Tow	mship 9-2 Range 2	6-L HAMP WI	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed conv of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	1 . 75221
marie Dine Line	(0)	Dod 900, Dallas	Leges 1322
Name of Authorized Transporter of Cas	singhead Gas 🔀 or Dry Gas 🗔	Address (Give address to which approv	ded copy of this form is to be sent)
Name of the state	Park	1801/1589 Julan	OPELa. 74102
WWW ISS	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en
If well produces oil or liquids,	M 7 95 36E	720	rim Luture
give location of tanks.			
If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Oil Well Gas Well	New Well Workeyer	
Designate Type of Completion	$\operatorname{on} - (X)$		
Date Spudded	Date Compl. Ready to Prod.	Total Depth.	P.B.T.D.
Date Spaces			
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producting total		
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AN	D CEMENTING RECORD	

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water-Bbls. Oil-Bbls. Actual Prod. During Test

CASING & TUBING SIZE

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

VI. CERTIFICATE OF COMPLIANCE

HOLE SIZE

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.

B. H. Snody	
(Signature) Clerk	
8-27-69 (Date)	

OIL CONSERVATION COMMISSION

SACKS CEMENT

APPROVED

SOR DISTRICT

DEPTH SET

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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, 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 completed wells.