SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Ellective 1-1-65	
FILE U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL GA		
LAND OFFICE			·•	
TRANSPORTER GAS .	. <b>.</b>			
PRORATION OFFICE				
Operator				
Address	eum Corporation n St., Artesia, NM 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion Change in Ownership X	Oil Dry Gas Casinghead Gas Conden		y Abandoned	
If change of ownership give name and address of previous owner	Patton Oil Corporation, P	2.0. Drawer 6349, Corpus (	Christi, TX 78411	
DESCRIPTION OF WELL AND I	LEASE			
Lease Name State 5	Well No. Pool Name, Including Fo 1 South Button M	State Federal	Dr Fee State K-169	
Location			_	
Unit Letter I : 198	0 Feet From The South Line	and <u>660</u> Feel From Th	eEast	
Line of Section 5 Tow	mship 95 Range	32E , NMPM, Lea	County	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	<u>s IA</u>		
Name of Authorized Transporter of Oll	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)	
Name of Authorized Transporter of Cas	inghead Gas 🚺 or Dry Gas 🚺	Address (Give address to which approve	d copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Pgs,	Is gas actually connected? When		
give location of tanks,				
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,			
Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back   Same Res/v.   Diff. Res/ 	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	·		Depth Casing Shoe	
Perforations			Depth Cdaing ande	
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEFINISEI		
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	ter recovery of total volume of load oil ar pth or be for full 24 hours)	nd must be equal to or exceed top allo	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	elc.)	
Length of Test	Tubing Preasure	Casing Pressure	Choke Size	
		Water-Bbls.	Gae • MCF	
Actual Prod. During Test	Oil-Bbls.	Adfet - Dpiet	-	
· · · · · · · · · · · · · · · · · · ·				
GAS WELL Actual Prod. Test-MCF/D	Length of Teat	Bbla. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-iu)	Casing Pressure (Shut-in)	Choke Size	
		``		
CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given		OIL CONSERVATION COMMISSION JUL 191984		
		APPROVED OUL 10 19		
	above is true and complete to the best of my knowledge and belief.		DISTRICT I SUPERVISOR	
above is true and complete to the	best of my knowledge and belief.			
above is true and complete to the	best of my knowledge and belief.	TITLE		
above is true and complete to the	best of my knowledge and belief. Sov alett	TITLE	mpliance with RULE 1104.	
above is true and complete to the	Soudlett_	TITLE This form is to be filed in co If this is a request for sliowa well, this form must be accompany tests taken on the well in accord	ompliance with RULE 1104. ble for a newly drilled or deepen ied by a tabulation of the deviation ance with RULE 111.	
above is true and complete to the	Supervisor	TITLE This form is to be filed in co If this is a request for sliowa well, this form must be accompany tests taken on the well in accord All sections of this form must	ompliance with RULE 1104. ble for a newly drilled or deepen ied by a tabulation of the deviation ance with RULE 111. t be filled out completely for all	
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JUL 1 8 1984 0.C.D. HOBSS GAAICE