NO. OF COPIES RECT	CIVED	<u> </u>	_
DISTRIBUTIO	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORTER	GAS		
OPERATOR			
		_	

	DISTRIBUTION ANTA FE ILE	NEW	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND					Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.	.s.g.s.	AUTHORIZA	TION TO TRA	NSPORT OI	L AND NAT	URAL GA	\S		
L	AND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
T	RANSPORTER OIL								
	GAS								
<u> </u>	PERATOR								
I. P	PRORATION OFFICE								
	pergraft V								
Ad	Jim Conine, Jr.								
	P.O. Box 953, Mi	dland Texas 79	701						
Re	eason(s) for filing (Check proper	box)		Oth	er (Please exp	lain)			
Ne	ew Well	Change in Transp	oorter of:						
Re	ecompletion	Oil	Dry Gas	s <u> </u>	E	ffectiv	e 12-1-76	12-1-76	
CH	hange in Ownership	Casinghead Gas	sate						
	change of ownership give nam	ne Jem Coni	ne, Inc. Bo	ox 953, M	idland, T	exas 7	9701		
II. DE	ESCRIPTION OF WELL A	ND LEASE				<u> </u>			
L	ease Name	Well No. Pool N	ame, Including Fo	ormation		nd of Lease	_	Lease No.	
	J. D. Guye	1 Nor	th Bagley P	'enn	Sta	te, Federal	cr Fee State	E 7332	
Lo	ocation								
	Unit Letter H ; 1	980 Feet From The_	North Line	e and6	60 F	eet From T	ne <u>East</u>		
						.			
L	Line of Section 22	Township 11S	Range 3	33E	, NMPM,	Les	<u> </u>	County	
				-					
III. DE	ESIGNATION OF TRANSP	ORTER OF OIL AND f Oil Y or Condense	NATURAL GA	S Address (Give	e address to w	hich approv	ed copy of this form is	to be sent)	
l No	ame of Authorized Transporter of			1			ubbock, Texas		
<u> </u>	ame of Authorized Transporter of	f Casinghead Gas 🔻 or	Dry Gas	Address (Giv	e address to w	hich approv	d copy of this form is	to be sent)	
1 ~		26					73101		
	Warren Petroleum	Corp. Unit Sec. T	wp. P.ge.	Is gas actual	9, Tulsa, ly connected?	When			
If	well produces oil or liquids, ive location of tanks.				•	i	1-1-69		
1 -			11S 33E	-	es ding order ny	mher:	<u> </u>		
	this production is commingled	d with that from any other	r lease or pool,	give comming	ning order nu				
IV. CO	OMPLETION DATA	Oil Well	Gas Well	New Well	Workover I	Deepen	Plug Back Same R	es'v. Diff. Res'v.	
	Designate Type of Compl	letion - (X)	1						
- D	ate Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.		
	are options								
El	levations (DF, RKB, RT, GR, et	Name of Producing F	ormation	Top Oil/Gas	Pay		Tubing Depth		
	(21, 112, 117, 117, 117, 117, 117, 117, 1								
P	erforations						Depth Casing Shoe		
		TUBINO	, CASING, AND	CEMENTIN	G RECORD				
	HOLE SIZE CASING & TUBING SIZE		BING SIZE	DEPTH SET			SACKS CEMENT		
				<u> </u>					
							ļ		
				<u> </u>			L		
V. TI	EST DATA AND REQUES	T FOR ALLOWABLE	(Test must be a able for this de	fter recovery of	f total volume	of load oil a	nd must be equal to o	r exceed top allow-	
01	IL WELL		able for this de	Producted Me	thod (Flow, p	ump. gas lif	. etc.)		
D	ate First New Oil Run To Tanks	Date of Test		Producing Me	stilled (1 tow, p	amp, gas say	,, 5151,		
<u></u>				Casing Press	3116		Choke Size		
L	ength of Test	Tubing Pressure		Casing 1 102					
_		Oil-Bbls.		Water - Bbls.			Gas-MCF		
A	ctual Prod. During Test	CIT-DDIE.							
				<u> </u>					
_	AC WET T								
_	AS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Conde	nsate/MMCF		Gravity of Condense	ite	
^	101441 1 1041 1 001 - MO1 / D								
}- <u>-</u> -	Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pres	sure (Shut-in	1)	Choke Size		
VI C	ERTIFICATE OF COMPL	IANCE			OIL CO	NSERVA	TION COMMISSI	ON	
VI. C	ERITICALE OF COMPL						1.0		
•	hereby certify that the rules	and regulations of the Oi	1 Conservation	APPROVED, 19					
_	t time been compli	iad with and that the in	IDLUMITION STACIT						
ab	above is true and complete to the best of my knowledge and belief.			BY					
				TITLE_	TITLE				
				This form is to be filed in compliance with RULE 1104.					
	Lieum Jones (Signature)				to a stample for a newly drilled or deepened				
_	(Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	/ (Signature)				All sections of this form must be filled out completely for allow-				
_	Agent (Title) 12-29-76			able on new and recompleted wells.					
_	12	(Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply					
				Sepa		U-104 mus	De illed for esch	poor in marriers	
				· · · · · · · · · · · · · · · · · · · ·					