NO. OF COPIES RECEIVED			
DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1.
FILE		SAR ALLOWABLE	Effective 1-1-65
U.S.G.S.	-	NSPORT OIL AND NATURAL C	GAS
GAS OPERATOR			
Cperator			
Cities Service C			
Box 69 - Hobbs, 1 Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:	Report Casinghead	l Gas Transporter
Recompletion Change in Ownership	Cil Dry Ga Casinghead Gas Conder		-
If change of ownership give name			
and address of previous owner			
I. DESCRIPTION OF WELL AND	Well No. Pool Ma	me, Including Formation	Kind of Lease
State BL	3 Meso	alero San Andres	State, Federal or Fee <b>State</b>
	SO Feet From The North Lin	ie and <b>1980</b> Peet From "	The West
Line of Section 14, , To	wnship <b>105</b> Range	32E , NMPM, L	a. County
L DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.s	
Name of Authorized Transporter of Of	1 🗶 or Condensate 🛄	Address (Give address to which approx	
Magnolia Pipelin	B CO.	Box 900 - Dallas 21, Address (Give address to which appro	<b>TAXAB</b> ved copy of this form is to be sent)
Warren Petroleum	Corp.	Box 1589 - Tulsa 2,	
If well produces cil or liquids, give location of tanks.	Unit Sec. Twp. Ege. <b>E 14. 10S 32E</b>	is gas actually connected? When yes	3-9-66
	ith that from any other lease or pool,	i da espera de un la la Malifan de la contra de seu en seu contra de seu de la contra de la contra de la contra	
COMPLETION DATA	Oil Well Gqs Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest
Designate Type of Completi Date Spudded	on $\rightarrow$ (A) Date Compl. Ready to Prod.	Total Depth	P,B,T,D,
Pool	Name of Producing Formation	Top Cil/Gae Pay	Tubing Depth
Perforations			Depth Casing Shee
and the second	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to ar exceed top allo
OIL WELL, Date Strat New Oil Hun To Tanks	able for this de Date of Test	pth ar be for full 24 hours) Preducing Method (Flow, pump, gas li	
Length of Test	Tubing Pressure	Casing Pressure	Cheke Size
		Water-Bols,	Gaa - MCF
Actual Prod, During Test	Oti∎Bþis,	Mdint = Divisi	
GAS WELL			
Actual Prod. Test MCF/D	Length of Test	Bbls, Cendensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tuhing Pressure	Casing Pressure	Cheke Bize
I. CERTIFICATE OF COMPLIAN			
			. 19
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.			
above in true and complete to th	ie eest of wâ kunmteelle gue bettet.		
	,		
Cp Halin	T. Ar	If this is a request for allow	compliance with RULE 1104. vable for a newly drilled or deepend
	naturo)	well, this form must be accompany tests taken on the well in accompany	nied by a tabulation of the deviation Idance with RULE 111.
	'ille)	All sections of this form mu able on new and recompleted we	ist be filled out completely for allow ells.
3-11-66		Fill out Sections I. II. III.	and VI only for changes of owne ten or other such change of condition
(1	1418 I	Separate Forms C-104 mus	t be filed for each pool in multip
		completed wells,	