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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
SANTA FE	¬!	EQUEST FOR ALLOWABLE AND Supersedes Old C-104 and C- Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS	5
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Palph R. Williamson			
Address Box 953, Midland, To	vas 79701		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New We!1	Change in Transporter of:		•
Recompletion Change in Ownership	OII Dry Gas Casinghead Gas Condens		.
If change of ownership give name	George W. Kinoma, Bo	k 291, Midland, Texas 797	01
and address of previous owner	-		
Lease Name	Well No. Pool Name, Including Fo	L	Lease No.
Hamble State	1 Boughjink (Sau	n Andres) State, Federal or	Fee State GO-5204
1 L3	Feet From The South	and 1980 Feet From The	east
Unit Letter ;		35 , NMPM, LOB	County
Line of Section	Wilding	, INVIEWI	Journy
Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GAS 1 x or Condensate	S Address (Give address to which approved	copy of this form is to be sent)
None			
Name of Authorized Transporter of Co	·	Address (Give address to which approved	copy of this form is to be sent;
Wagren Petroleum Co	Unit Sec. Twp. Ege.	Tulsa, Oklahoma 74102 Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.		Yes	ovember, 1968
	ith that from any other lease or pool,	give commingling order number:	***************************************
COMPLETION DATA		New Well Workover Deepen 1	Plug Back Same Restv. Diff. Restv.
Designate Type of Complete	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
The state of the s	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 1 official		
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
THE PART AND PROPERTY	COD ALLOWARIE (Test must be as	fter recovery of total volume of load oil an	d must be equal to or exceed top allou
7. TEST DATA AND REQUEST I	able for this de	pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	51G1/
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas - MCF
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
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVAT	TION COMMISSION
Y handler and the suite and	I regulations of the Oil Conservation	APPROVED	
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.		TITLE Company Company	
above is true and complete to the	ne best of my knowledge and belief.	7, 2, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	ney
		TITLE	V.
Lieuan D		This form is to be filed in co	impliance with RULE 1104.
Trieden D	ne	If this is a request for shows	ble for a newly drilled or deepened

Lieran Drus	
(Signature) Agent	

(Date)

(Title)
March 27, 1973

well, this form must be accompanied by a tabulation of t 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

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নি ক্ৰিক্সকলী ক্ৰেন্ত্ৰিক প্ৰতিষ্ঠান কৰিব প্ৰথম কৰ**ে।** জুন-ক্ষ্ত্ৰকলী ক্ৰেন্ত্ৰিক প্ৰথম কৰে**ন**