NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE		T FOR ALLEGE O. C. C.	Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO T		GAS
LAND OFFICE	AOTHORIZATION TO TH	RANSPORT OF ABOUTANT AGE	
TRANSPORTER - SAS			
OPERATOR	<u></u> ; ;		
PROBATION OFFICE			
Southland Royalty	Company		
1405 Wilco Bldg.,		Other (Please explain)	
Reason(s) for filing (Creck proper b		Other (Flease explain)	
New Wel.	Change in Transporter of:		
Recompletion		Gas	
Change in Ownership	Casinghead Gas Con	ndensate	
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AN	D LEASE	a Formation Kind of Lea	se Lease No.
Lease Name	Well No. Pool Name, Includin Calla 1 (1)	G Formation R. 3456 State, Feder	
Vada-State	3 undesig.	Vada-Feilli-Exc.)	
	660 Feet From The North	Line and 660 Feet From	The <u>Fast</u>
Line of Section 32	Township 9-S Range	34-E , NMPM,	Lea County
		CAS	
Name of Authorized Transporter of Service Pipe Line	Company	B O BOY 1979 TU	roved copy of this form is to be sent)  1sa, Okla, 74102  roved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which upp	Toped Copy of anis form to be the same,
None	Unit Sec. Twp. Rge.	is gas actually connected?	Vhen
If well produces oil or liquids, give location of tanks.	F 32 9-S 34-	1	
If this production is commingled	with that from any other lease or po	ool, give commingling order number:	
. COMPLETION DATA	Oil Well Gas We		Plug Back   Same Resty. Diff. Rest
Designate Type of Compl	etion = (X)	(Re-entry)	
	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.
Date Spudged	5-21-68	9942	9906
5-7-68		Top Cil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc	Bough "C"	9862	9860
4276' RKB	Bougii e		Depth Casing Shoe
Perforations 9862-9872			9942
7002 7072	TUBING, CASING,	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/8	3.63	300 sx
Unknown		4100	200 sx
Unknown	8 5/8	9942	475 sx
7 7/8	5 1/2		
V. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must	be after recovery of total volume of load	oil and must be equal to or exceed top allo
OIL WELL		Producing Method (Flow, pump, ga.	s lift, etc.)
Date First New Oil Fin To Tanks	Date of Test		
5-16-68	5-28-68	Pumping	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	_
	<u> </u>		Open
24 hrs. Actual Prod. During Test	O11-Bb.s.	Water-Bbls.	Gas-MCF
731	64	667	79.7
GAS WELL Actual Pros. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod But - 2017 D		Ann. 5 m.	Choke Size
Testing Method (pitot, oach pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	- Chord Size

VI. CERTIFICATE OF COMPLIANCE

District Engineer

5-29-68

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.

/Signature)

(Title)

(buce)

AIL CONSERVATION COMMISSION

APPROVED

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. H. III, and VI for changes of owner, well name or number, or trunsporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply pleted wells.