		~						
NO. OF COPIES RECEIVED								
DISTRIBUTION		NEW MEXICO	OIL CONSERVATION COM	MISSION	Form C-104 Supersedes Old C-104 and C			
SANTA FE		REQU	EST FOR ALLONG BLOT	FIREDCA				
FILE					Effective 1-1-65			
U.S.G.S.	AUTH	IORIZATION TO	NATURAL GAS					
LAND OFFICE			HER CJ C) 49 AM '66				
TRANSPORTER GAS								
OPERATOR								
PRORATION OFFICE				♦ 5 <u>1</u>				
Operator		-						
Armo R D	alby							
Reason(s) for filing (Check pro	# W W Ranck 1502 Main Lubbock, Texas cason(s) for filing (Check proper box) Other (Please explain)							
New Well		in Transporter of:		,				
Recompletion	Oil	(==7	Ory Gas					
Change in Ownership			Condensate					
Shange II. Ownership			portacino di c					
If change of ownership give and address of previous own								
DESCRIPTION OF WELL	AND LEASE							
Lease Name		Well No. Po	ol Name, Including Formation	1	nd of Lease			
State			Mescalero (SA)	Sta	ite, Federal or Fee			
Unit Letter;	330 Feet Fi	rom The	Line and 1650	Feet From The	S			
Unit Letter 7; Line of Section 10		7	· · •		S Coun			
	, Township 10s	Rang	∍ R32 E , NMF L GAS	^{PM,} Le	_			
Line of Section 10 DESIGNATION OF TRAN	, Township 10S SPORTER OF OIL er of Oil (x) or	Range L AND NATURA Condensate	B32 E , NMF L GAS Address (Give addres	s to which approved c	Cour			
Line of Section 10 DESIGNATION OF TRAN Name of Authorized Transports Magnolia Pipelin Name of Authorized Transports	, Township 10S SPORTER OF 011 er of Oil or er of Casinghead Gas [Range L AND NATURA Condensate or Dry Gas	L GAS Address (Give addres D C Kennedy Address (Give addres	s to which approved c	Coun			
Line of Section 10 DESIGNATION OF TRAN Name of Authorized Transporte	, Township 10S SPORTER OF OII er of Oil (x) or er of Casinghead Gas (Range L AND NATURA Condensate or Dry Gas or Twp. Rg	L GAS Address (Give addres Address (Give addres) Address (Give addres) Address (Give addres)	s to which approved c	Coun			
Line of Section DESIGNATION OF TRAN Name of Authorized Transporte Magnolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks. If this production is comming	, Township 10S SPORTER OF OIL er of Oil (x) or er of Casinghead Gas (Unit Se	Range L AND NATURA Condensate or Dry Gas or Twp. Rg 10 105 R	L GAS Address (Give address Address (Give address) Address (Give address) L GAS Address (Give address) L GAS Address (Give address) L GAS Address (Give address)	s to which approved c Mobil Oil Co s to which approved c cted? When	Coun			
Line of Section 10 DESIGNATION OF TRAN Mame of Authorized Transporte Mamolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks.	, Township 10S SPORTER OF OIL er of Oil (x) or er of Casinghead Gas (Unit Se	Range L AND NATURA Condensate or Dry Gas or Twp. Rg 10 105 R	L GAS Address (Give address Address (Give address Cove address L GAS Address (Give address Address (Give address) Be address (Give address)	s to which approved c Mobil 011 Co s to which approved c / cted? When	Counce opy of this form is to be sent) By Standard But to be sent) opy of this form is to be sent)			
Line of Section DESIGNATION OF TRAN Name of Authorized Transporte Magnolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks. If this production is comming	, Township 10S SPORTER OF OII er of Oil (x) or er of Casinghead Gas (Unit Se	Range L AND NATURA Condensate or Dry Gas or Twp. Rg 10 105 R	L GAS Address (Give address Address (Give address Cove address L GAS Address (Give address Address (Give address) Be address (Give address)	s to which approved c Mobil 011 Co s to which approved c / cted? When	Coun			
Line of Section 10 DESIGNATION OF TRAN Name of Authorized Transports Magnolia Pipelin Name of Authorized Transports If well produces oil or liquids, give location of tanks. If this production is comming COMPLETION DATA	Township 10S SPORTER OF OIL For of Oil (x) or Or of Casinghead Gas (Unit Section 1) Gled with that from a suppletion — (X)	Range L AND NATURA Condensate or Dry Gas or Twp. Rg 10 105 R	L GAS Address (Give address Address (Give address Cove address L GAS Address (Give address Address (Give address) Be address (Give address)	s to which approved c Mobil Oil Co s to which approved c cted? When ler number:	Counce opy of this form is to be sent) By Standard But to be sent) opy of this form is to be sent)			
Line of Section DESIGNATION OF TRAN Mare of Authorized Transporte Magnolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks. If this production is comming COMPLETION DATA Designate Type of Company of C	Township 10S SPORTER OF OIL Per of Oil (Y) or Per of Casinghead Gas (I) Unit (I) Unit (I) Get (I) Get (I) Date Compl.	Condensate or Dry Gas to Twp. Rg 10 105 R any other lease or Oil Well Gas W	Address (Give address) e. Is gas actually connected to the comming or described to the comming of the comming or described to the comming of the comming of the comming or described to the comming of the co	s to which approved c Mobil Oil Co S to which approved c cted? When der number:	opy of this form is to be sent) opy of this form is to be sent) ag Back Same Res. Diff. Re			
Line of Section 10 DESIGNATION OF TRAN Mame of Authorized Transporte Magnolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks. If this production is comming COMPLETION DATA Designate Type of Compate Spudded	Township 10S SPORTER OF OIL Per of Oil (Y) or Per of Casinghead Gas (I) Unit (I) Unit (I) Get (I) Get (I) Date Compl.	Range L AND NATURA Condensate or Dry Gas c. Twp. Rg 10 105 R any other lease or Oil Well Gas W Ready to Prod.	Address (Give address) Address (Give address) Address (Give address) Address (Give address) E. Is gas actually connected to the control of the control o	s to which approved c s to which approved c cted? When Deepen Plu Tu	opy of this form is to be sent) opy of this form is to be sent) ag Back Same Rest Diff. Re			
Line of Section DESIGNATION OF TRAN Mame of Authorized Transporte Magnolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks. If this production is comming COMPLETION DATA Designate Type of Compate Spudded	SPORTER OF OIL For of Casinghead Gas [Unit Se I Gled with that from a mpletion — (X) Date Compl.	Condensate or Dry Gas To Dry Gas Wany other lease or Oil Well Gas Wany other lease or Gas Wany other lease or Gas Wany other lease or Gas Wang Formation	Address (Give address) Address (Give address) Address (Give address) Address (Give address) E. Is gas actually connected to the comming or	s to which approved c Mobil Oll Co s to which approved c /cted? When ler number: r Deepen Plu Tu De	opy of this form is to be sent) Description of this form is to be sent) ag Back Same Rest Diff. Rest. B.T.D.			
Line of Section DESIGNATION OF TRAN Mame of Authorized Transporte Magnolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks. If this production is comming COMPLETION DATA Designate Type of Compate Spudded Pool Perforations	Township 10S SPORTER OF OIL or of Oil x or or of Casinghead Gas [Unit Se	AND NATURA Condensate or Dry Gas ac. Twp. Rg 10 105 R any other lease or Oil Well Gas W Ready to Prod. ducing Formation	Address (Give address) Address (Give address) Address (Give address) Address (Give address) e. Is gas actually connected to the control of the control o	s to which approved c Mobil Oil Co S to which approved c / cted? When ler number: T Deepen Plu Tu De	opy of this form is to be sent) opy of this form is to be sent) ag Back Same Rest Diff. Re			
Line of Section DESIGNATION OF TRAN Mame of Authorized Transporte Magnolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks. If this production is comming COMPLETION DATA Designate Type of Compate Spudded	Township 10S SPORTER OF OIL or of Oil x or or of Casinghead Gas [Unit Se	Condensate or Dry Gas To Dry Gas Wany other lease or Oil Well Gas Wany other lease or Gas Wany other lease or Gas Wany other lease or Gas Wang Formation	Address (Give address) Address (Give address) Address (Give address) Address (Give address) e. Is gas actually connected to the control of the control o	s to which approved c Mobil Oil Co S to which approved c / cted? When ler number: T Deepen Plu Tu De	opy of this form is to be sent) Description of this form is to be sent) ag Back Same Rest Diff. Rest. B.T.D.			
Line of Section DESIGNATION OF TRAN Mame of Authorized Transporte Magnolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks. If this production is comming COMPLETION DATA Designate Type of Compate Spudded Pool Perforations	Township 10S SPORTER OF OIL or of Oil x or or of Casinghead Gas [Unit Se	AND NATURA Condensate or Dry Gas ac. Twp. Rg 10 105 R any other lease or Oil Well Gas W Ready to Prod. ducing Formation	Address (Give address) Address (Give address) Address (Give address) Address (Give address) e. Is gas actually connected to the control of the control o	s to which approved c Mobil Oil Co S to which approved c / cted? When ler number: T Deepen Plu Tu De	opy of this form is to be sent) opy of this form is to be sent) ag Back Same Rest Diff. Re			
Line of Section DESIGNATION OF TRAN Mame of Authorized Transporte Magnolia Pipelin Name of Authorized Transporte If well produces oil or liquids, give location of tanks. If this production is comming COMPLETION DATA Designate Type of Compate Spudded Pool Perforations	Township 10S SPORTER OF OIL or of Oil x or or of Casinghead Gas [Unit Se	AND NATURA Condensate or Dry Gas ac. Twp. Rg 10 105 R any other lease or Oil Well Gas W Ready to Prod. ducing Formation	Address (Give address) Address (Give address) Address (Give address) Address (Give address) e. Is gas actually connected to the control of the control o	s to which approved c Mobil Oil Co S to which approved c / cted? When ler number: T Deepen Plu Tu De	opy of this form is to be sent) opy of this form is to be sent) ag Back Same Rest Diff. Re			

Date First New Cil Run To Tanks	Date of Test	Froducing Method (Flow, pu	Froducing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water-Bbls,	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	Casing Pressure	Choke Size	
1					

APPROVED

BY

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given

bove is	true and	complete	to the	best o	of my k	nowledge	e and be	lief
					and the second second	2	11	
	Ĵ	11/11	2 J	an	1	X		
	······································		(Signa	ture)	<u> </u>		,	
				Ager	t			
			(Tite	le)	1	11 22	1066	

(Date)

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.

OIL CONSERVATION COMMISSION

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 completed wells.