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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OF	ICE

W MEXICO OIL CONSERVATION COMMISSION

Form C-104

	NEW MEXICO OIL CO		Supersedes Old C-104 and C-
SANTA FE	KEMUE31 I	FOR ALLOWABLE	Effective 1-1-65
FILE		AND	0.45
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GASEC
LAND OFFICE		W.T	.al 50
OIL			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator PE	NNZOIL COMPANY		
Address 10	07 Midland Savings Bl	dg., Midland, Texas	79701
Reason(s) for filing (Check proper be		Other (Please explain)	of transporter of
New Well	Change in Transporter of:	- I	
Recompletion	Oil Dry Go	s 📃 natural gas	(Casinghead)
Change in Ownership	Casinghead Gas Conder		
f change of ownership give name and address of previous owner DESCRIPTION OF WELL AN	DIEACE		Trind of Logge
Lease Name	Well No. Foot No	ame, Including Formation	Kind of Lease
Cabot-Sta	te 1 Nort	h Bagley Wolfcamp	State, Federal or Fee State
Location			73
I 19	980 Feet From The South Lin	ne and 660 Feet Fro	m The East
Unit Letter;;			_
Line of Section 14	Township 11-S Range	33-E , NMPM,	Lea Count
Name of Authorized Transporter of	Oil or Condensate Casinghead Gas a or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent) proved copy of this form is to be sent)
Name of Authorized Transporter of Warren Petroleum	Casinghead Gas or Dry Gas Corporation Unit Sec. Twp. Rge.	Address (Give address to which ap P.O. Box 1589 - To Is gas actually connected?	proved copy of this form is to be sent) ulsa, Okla. 74102 When
Name of Authorized Transporter of	Casinghead Gas K or Dry Gas	Address (Give address to which ap P.O. Box 1589 - To Is gas actually connected?	proved copy of this form is to be sent)
Name of Authorized Transporter of Warren Petroleum If well produces oil or liquids, give location of tanks.	Casinghead Gas X or Dry Gas Corporation Unit Sec. Twp. Rge. I 14 11-S 33-E	Address (Give address to which apple P.O. Box 1589 - To Is gas actually connected?	proved copy of this form is to be sent) ulsa, Okla. 74102 When
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Casing Pressure

TITLE .

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure

Production Manager October 27, 1966

(Date)

OIL CONSERVATION COMMISSION

Choke Size

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 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.