r 15	STATE OF NEW MEXICO AGY AND MINERALS DEPARTMENT					Form C-104 Revised 10-1-78	
147.	00. 07 00710 010 1110			1510			
	P. O. BOX 2088						
	REQUEST FOR ALLOWABLE						
	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
1.	THORATION OFFICE						
	Bison Petroleum Corporation						
	5809 S. Western Suite 200 Amarillo, Texas 79110-3607 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of: Oil Dry Ga	Change in Ownership effective			ctive	
If change of ownership give name M&G Oil Company, Inc. P.O. Box 766 Tatum, NM 88267 and address of previous owner						38267	
۰.	DESCRIPTION OF WELL AND	LEASE.   Well No.   Pool Narrie, Including Fo	ormation	Kind of L	eq 3 8	Lease No.	
	Lease NameWeil No.Pool Name, including ParameterHarris State1Inbe Permo Penn				derator Foo St	tate 0G-5338	
	Location that Letter L : 208	Unit Letter L ; 2086 Feet From The South Line and 554 Feet From The West					
	Line of Section 5 Township 11-S Range 34-E , NMPM, Lea County						
		TER OF OIL AND NATURAL GA	S				
•	Nome of Authorized Transporter of Cil	c. of Authorized Transporter of Cit K or Condensate			iston Texas	s form is to be sent) 77001	
	Hame of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma 74102					
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When						
	( this production is commingled with that from any other lease or pool, give commingling order number:						
	COMPLETION DATA	Oil Well Gas Well		kover Deepen	Plug Back	Same Res'v. Dill. Res'v.	
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<b>I</b> İ	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	,	Tubing Dept	n	
	Perforations		İ		Depth Casin	g Sho <b>e</b>	
		TUBING, CASING, AND CEMENTING RECORD					
	HOLESIZE	CASING & TUBING SIZE		TH SET	5A	CKS CEMENT	
			1		<u>i</u>		
΄.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)						
	Dute First New Oll Run To Tanks	Producing Method	i (Fiow, pump, go	ng lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF		
	GAS WELL Actual Fred. Tool-MCF/D	Length of Test	Bbla. Condenagt	•/\.04CF	Gravity of C	ondenacte	
	Teeting Method (pitat, back pr.)	Tubing Presewe (shut-in)	Cosing Pressure	(Shut-in)	Choke Size		
1	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION				
		APPROVED, 19					
	I hereby certify that the rules and r Division have been complied with above is true and complete to the	BYORIGINAL SLOWEDORAY STATCH					
	( Telesater			in compliance w llowable for à ne	wiv drilled or deepened		
	( <u>((())))</u> (Siance	well, this for	m must be acco	ccordance with i	NULE 111.		
	Administrative	All sections of this form must be filled out completely for allow- able 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 completed wells.					
	10-14-88						
	(Da						