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	NO. OF COPIES REC	4							
	DISTRIBUTIO	Ĺ,				NE	EW ME		
	SANTA FE	<u>-</u>	1/						
	FILE		/-						
	u.s.g.s.					AUTH	ORIZ	ZATIO	
	LAND OFFICE							_,	
1.	TRANSPORTER	OIL							
		GAS							
	OPERATOR	2							
	PRORATION OFFICE								
	Operator H & S Oil Company								
	Address 301 ⊔ooke	Ŕ	Arte	esi	a,				
	Reason(s) for filing	(Check p	roper	box)					
	New Well					Change i	n Tra	nsporte	
	Recompletion					Oil			
	Change in Ownership	. <b>7</b>				Casinghe	ead Go	as 🔲	
	If change of ownership give name Sims & {ee								
	DESCRIPTION O				ÆAS	SE			
	Lease Name					Well No.	1		
	Schneider					1	l E	/pi	
	Location	т		0.0-					
	Unit Letter	J	. ;	231		Feet Fro	om Th	ieS(	
		21.		·	_1	17	7		

(Title)

(Date)

k

	SANTA FE	REQUEST	Form C-104 Supersedes Old C-104 and C-11							
	FILE /-	]	AND		Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND	NATURAL GAS						
	LAND OFFICE	4								
	TRANSPORTER GAS	+								
	OPERATOR 2	4			1 2 2 - 1 30					
1	PRORATION OFFICE	-								
•.	Operator B % S 711 Company	1			e de la companya della companya della companya della companya de la companya della companya dell					
	Address									
	301 booker building Artesia, New Mexico 88210									
	Reason(s) for filing (Check proper box		Other (Pleas	e explain)						
	New Well	Change in Transporter of:	<u></u>							
	Recompletion	Oil Dry Go	<b>=</b> 1							
	Change in Ownership	Casinghead Gas Conde	nsate							
	If change of ownership give name	Si ms & Reese Oil	Company 301	Book r Bld	g. Artesia. N. M					
	and address of previous owner				B. M. OBLA, N. II.					
H.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F		Kind of Lease						
	Lease Name Schneider	l Eppire	ormation	State, Federal or Fe	Lease No.					
	Location	1 10.0116		State, I edelal of I e	* Stace B-2029					
	1	10 Feet From The South Lir	.1650		₩o a t					
	Unit Letter;;	Feet From TheLir	ne and	Feet From The	<b>8</b> 86					
	Line of Section 24 Tov	wnship 17 Range	27 , NMPI	4, ⊗d <b>d</b> ∀	County					
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA								
	No. 5 of Authorized Transporter of CII	or Condensate	Address (Give address	to which approved cop	by of this form is to be sent)					
	Well Shut in		1		by of this form is to be sent)					
	Name of Authorized Transporter of Car	singhedd Gas or Dry Gas	Address (Give agaress	to watca approved cop	by of this form is to be sent;					
		Unit Sec. Twp. Rge.	Is gas actually connec	ted? When						
	If well produces oil or liquids, give location of tanks.	J 24 17 27	No							
			· do., ,		<del> </del>					
v.	COMPLETION DATA	th that from any other lease or pool,	give comminging orde	r number:						
		Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Res'v. Diff. Res'v.					
	Designate Type of Completic	on — (X)	+ +							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.					
	(DE DVD DE		m. 0/1/G D	7	D					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	I unii	ng Depth					
	Perforations	<u> </u>		Dept	h Casing Shoe					
		TUBING, CASING, AND	D CEMENTING RECO	RD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT					
			<u> </u>							
			<u> </u>							
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de			st be equal to or exceed top allow					
	OII. WELL able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
	Length of Test	Tubing Pressure	Casing Pressure	Chok	e Size					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-	MCF					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	·F T C	ity of Condensate					
	Actual Prod. 1881-MOF/D	Length of Test	Date: Colidenacie/WWC	Grdv.	or commensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	-in) Chok	e Size					
	,,,									
VT	CERTIFICATE OF COMPLIAN	OII	CONSERVATION	COMMISSION						
. 1.	CLAIM TONIE OF COMPLIAN	LERTIFICATE OF COMPLIANCE								
1	I hereby certify that the rules and	APPROVED	() 1460	, 19						
	Commission have been complied w	(1) O Grass XI								
	above is true and complete to the	1								
			TITLE							
			This form is to be filed in compliance with RULE 1104.							
	Minn. The	Les Con	If this is a request for allowable for a newly drilled or deepened							
	A (Sign	astire)	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, 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.