	I we proches necession I	i							
	DISTRIBUTION	, ~	⁴ MEXICO OIU (CONSERVATIO	N CO SION	Form C-104			
	SANTA FE /]		FOR ALLOW			d C-104 and C-11		
	FILE /-]		AND		Effective 1-1-	88		
	U.S.G.S.	AUTHORIZA	TION TO TR	ANSPORT OIL	AND NATURAL	GAS			
	LAND OFFICE								
	TRANSPORTER OIL GAS		R	ECEIN	/ E D				
	OPERATOR	1		1/18/ 3 - 30	· · · ·				
1.	PRORATION OFFICE			JAN 1 1 19	1/9				
	Operator	,					-		
	-Norwood Oil Comp	any /		O. C. C.	leg				
	P. O. Drawer B N, Malakoff, Texas 75148								
	Reason(s) for filing (Check proper box)			Othe	r (Please explain)				
	New We!l Change in Transporter of:				Change in Corporate Name form Bill Jones				
	Recompletion Oil Dry C			Oil Company to Norwood Oil Company					
	Change in Ownership Casinghead Gas Condensate from NRC								
	If change of ownership give name and address of previous owner			·					
11.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool N	are Including	Formation	Kind of Leas		Lease No.		
	Lease Name	! !		_	1	al or Feeederal	_046119A		
	Location Res Federal	3Hi	h Loneso	me Queen		a. e. euerar]_040H4V		
	Unit Letter C : 3:0 Feet From The North Line and 2:310 Feet From The West								
	Line of Section 40 Tow	vnship 16S	Range	∠9 E	, NMPM, LC	ldy	County		
	DESIGNATION OF TRANSPORT	TEP OF OU AND I	NATURAL C	AS					
111.	[12 - (1 - the regard Termonorter of Ott	or Condense	•	Address (Give	address to which appro	oved copy of this form is	to be sent)		
	1 Must	se oux inch	asing to	P. O. Box	159. Artesia.	New Mexico 88	10		
	Navajo Reflaine Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)								
	No Market								
	If well produces oil or liquids,	Unit Sec. T	wp. P.ge.	Is gas actually	connected? Wi	nen			
	give location of tanks.	N 17	16S 29E						
	If this production is commingled with that from any other lease or pool, give commingling order number:								
IV.	COMPLETION DATA								
	Designate Type of Completio	Oil Well	Gas Well	New Well	orkover Deepen	Plug Back Same Re	s'v. Diff. Res'v.		
		1				P.B.T.D.			
	Date Spudded .	Date Compl. Ready to	Prod.	Total Depth		P.B.1.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmation.	Top Oil/Gas F	av	Tubing Depth			
	Lievanons (Dr., AKB, R1, GR., etc.,)	Ivaine of Flodacing 1 c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00 0.11, 0.22	-7	, , , , , , , , , , , , , , , , , , , ,			
	Perforations	1				Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUE	BING SIZE	٥	EPTH SET	SACKS CEI	MENT		
						<u> </u>			
		<u> </u>		<u> </u>					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE				land must be equal to or	exceed top allow-		
	OIL WELL		able for this d	epth or be for ful	nod (Flow, pump, gas l	ife atc.)			
	Date First New Oil Run To Tanks	Date of Test		Producing Met	nod (Flow, pump, gus :	iji, eicij	·		
		Tubing Pressure		Casing Pressu	TO	Choke Size	4		
	Length of Test	1 uping Piessure		Casing Freeze			3 / 2 Of		
	Latural Bood During Tool	Oil-Bbls.		Water - Bbls.		GGS-MCF 76	- , , , , , , , , , , , , , , , , , , ,		
	Actual Prod. During Test	CII - DDIE.				1 (4)	V E		
	<u> </u>						Class 5		
	CAS WELL						1 1		
	Actual Prod. Test-MCF/D	Length of Test	 	Bbis. Condensate/MMCF		Gravity of Condensate	66.11		
		1		i			∕.		

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 (Shut-in)

Mart. Our	L Memoral	
- July . Control	(Signature)	
President		
1.0.	(Title)	

(Date)

OIL CONSERVATION COMMISSION

Choke Size

TITLE SUPERVISOR, DISTRICT II	

Cosing Pressure (Shut-in)

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. 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