ga (c. 1999)			
HO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE		1	
THE		1	<u>~</u>
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	_
	GAS		
OPERATOR		ΓI	1

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C+104
Superscales Old C-104 and C-11c
Ellective 1-1-65

J.S.G.5,	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	\S
AND OFFICE	RECE	IVED	
GAS	E 10 magnet - 120 7 - 24mm - 4		
PRORATION OFFICE	DEC 14	1976	
perator LANTON ENTEDED	ISES INC	A	
		orrice	
LUBBOCK, TEXAS	79423	Other (Please explain)	
New Well	Change in Transporter of:	Transmi	DATE 12-1-76
Recompletion	·	r 11	ZA I E
	Continued TAI	DU COMPANY	·
nd address of previous owner	CONTINENTAL	Ja Complete	
DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	i mation	
FOREST POOL VILL	T 14 SOLARE LA	State, Federal	or Fee FEDERAL 064832
Location T /65	Feet From The SOUTH Line	and 1550 Feet From T	he <u>EAST</u>
- 1/	1/	29 , NMPM,	EDDY County
1.//\/			
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)
-		Address (Give address to which approx	ed copy of this form is to be sent)
Name of Authorized Transporter of Cast	ngheda Gas Gr B./ Gas		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
		Total Depth	P.B.T.D.
Date Spudded	Date Compi. Ready to 1 tous		Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
THE SAME AND PROPERTY F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oi	l and must be equal to or exceed tap ulio.
OIL WELL	able for this de	enth or be for full 24 hours?	The state of the s
Date First New Oil Run To Tanks	Date of Test		Choke Size
Length of Test	Tubing Pressure	Coaing Pressure	
Actual Fred, During Tost	Oil-Bbis.	Water - Bble.	Q05 D- 16
			3-11
			, –
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Frod, Test-MCF/D	Length of Test		
		Casing Pressure (Shut-in)	Gravity of Condensate Chake Size
Actual Frod, Test-MCF/D	Tubing Pressure (Shuy-iu)	Casing Pressure (Shut-in) OIL CONSERV	Gravity of Condensate Choke Size VATION COMMISSION
Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIAN	Tubing Pressure (Shuu-iu)	Casing Pressure (Shut-in) OIL CONSERV APPROVED DEC 1	Gravity of Condensate Chake Size
Testing Method (pitor, back pr.) CERTHICATE OF COMPLIANT I hereby certify that the rules and	Tubing Pressure (Shuy-iu)	Casing Pressure (Shut-in) OIL CONSERV APPROVED APPROVED	Choke Size CATION COMMISSION 6 1976 Lesset
	LAYTON ENTERPR Address 3103 79th STREET LIBBOCK TEXAS Recoon(s) for filing (Check proper box) New Well Recompletion Change of ownership give name and address of previous owner DESCRIPTION OF WELL AND L Lease Name FOREST BOL Lair Location Unit Letter J ; 165 Line of Section 34 Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Name of Authorized Transporter of Oil If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Cit Run To Tanks Length of Test	DESCRIPTION OF WELL AND LEASE Lores of Authorized Transporter of Oil And NATURAL GA Name of Authorized Transporter of Oil Or Condensate If well produces oil or liquide, que for a Authorized Transporter of Oil Or Condensate The of Section 34 Township 16 Range DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA Name of Authorized Transporter of Casinghead Gas or Dry Gas If well produces oil or liquide, que location of Condensate of Township If well produced on the Conference of Authorized Transporter of Casinghead Gas or Dry Gas If well produces oil or liquide, que location of Condensate of Designate Type of Completion — (X) FINANCE OF AUTHORIZED TOWN DATA Designate Type of Completion — (X) Designate Type of Completion — (X) TUBING, CASING, AN HOLE SIZE CASING & TUBING SIZE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be able for this definition of Township Casing Processor.) TEST DATA AND REQUEST FOR ALLOWABLE (Test must be able for this definition of Township Casing Processor.) TUBING, CASING, AN TUBING, CASING, AN TUBING, CASING, AN TUBING, CASING, AN TUBING Township Casing Processor.	DEFILATION OFFICE ATTON ENTERPRISES, INC. STEEL

Donald to Sayton
PRESIDENT (Signature)
(Tale)

(Dute)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly delled or despote well, this form must be accompenied by a tabulation of the deviations taken on the well in accordance with RULC 111.

All sections of this form must be filled out completely for allowable on now and recompleted wells. Fill out only Sections I. H. III, and VI for circles of conditionell name or number, or transporter or other such change of condition