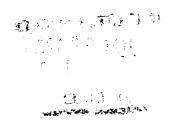
## DISTRIBUTION

SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-11: Effective 1-1-65
FILE /	4	AND	
J.S.G.S.	AUTHORIZATION TO TRAI	ISPORT OIL AND NATURAL G	45
LAND OFFICE	<u> </u>		
TRANSPORTER OIL /			RECENVED
GAS /			
OPERATOR -			ş ·
PRORATION OFFICE		/	4
•	Oil Company of Texas		
Address	OLI COMPANY CO.		
P 0. Box 416. Le	oco Hills, New Mexico 8825	5	Service Commen
Reason(s) for filing (Check proper	box)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil E Dry Gas		<del>/</del> /
Change in Ownership	Casinghead Gas Condens	sate Change long	lanks
If change of ownership give name and address of previous owner.	ne		
and address of previous owner.			
DESCRIPTION OF WELL A	ND LEASE	ermation Kind of Lease	und ease No.
Lease Name	Well No. Pool Name, including re	State Badasal	
Peteral Sivley	1 West Henshaw-Gr	rayburg	or Fee Federal 04068
Location		- 040	. Unak
Unit Letter N ;	Feet From The South Line	e and F eet From 7	The <u>West</u>
		00 B 1999	Edd County
Line of Section 8	Township 16-S Range	30-E , NMPM,	Eddy County
	·		
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	S Address (Give address to which approx	ved copy of this form is to be sent)
Name of Authorized Transporter o		North Freeman Avenue,	
Mavajo Refining Com	peny, Pipe Line Division	Address (Give address to which appro-	ued copy of this form is to be sent)
Name of Authorized Transporter o	f Casinghead Gas or Dry Gas	· ·	
Phillips Petroleum	Company	Phillips Building, Ode	
If well produces oil or liquids,	Unit Sec. (wp. r.ge.	is gds detadily considered.	
give location of tanks.	B 17 16-S 30-E	Yes	January 22, 1960
If this production is commingle	d with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'
	Oil Well Gas Well	New Well Workover Deepen	Plug Buck Same New V
Designate Type of Comp			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
	·		Tubing Depth
Elevations (DF, RKB, RT, GR, e	tc.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Sopiu
			Depth Casing Shoe
Perforations			
		TO THE PERSON	
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS GEMENT
		<u> </u>	
TEST DATA AND REQUES	ST FOR ALLOWABLE (Test must be a	after recovery of total volume of load off epth or be for full 24 hours)	and must be equal to or exceed top alk
OIL WELL	2010 /10 11111 1	Producing Method (Flow, pump, gas	
Date First New Oil Run To Tank	Date of Test	bloggeting warriog (1, 100), band, 800	•••
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
		Water - Bble.	Gas • MCF
Actual Prod. During Test	Oil-Bbls.	water - Date.	
		<u></u>	
-			
GAS WELL			Complete of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1 3 2			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPI	LIANCE	OIL CONSERV	ATION COMMISSION
1. CERTIFICATE OF COMP	Wei 1172		
	and completions of the Oil Conservation	APPROVED	<u>, 101</u> , 10
	and regulations of the Oil Conservation lied with and that the information given		ressett
above is true and complete	to the best of my knowledge and belief.	BY	
• • • • • • • • • • • • • • • • • • •		- II	n Johans William (1975)
		TITLE	
as en		This form is to be filed in	compliance with RULE 1104.
N EM	alter W. R. Walter	If this is a request for alle	pwable for a newly drilled or deepe
	(Signature)	well, this form must be socom	ordence with MULE 111.
District Superint	endent.	Att anothers of this form	mat be filled out completely for all
DISTRICT SUPERIAL	(Title)	able on new and recompleted	ment be filled out completely for all wells.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Tree and some Specians I	TI TIT and VI for changes of THE
Nay 29, 1969	(Data)	well name or number, or transpo	etes or other such change of conditi

Separate Forms C-104 must be filed for each peol in multip completed wells.

(Date)



Not writing the second of the