HO. 01	F COPIES RECEIVED	3			
	NOITUBIRTS	NEW MEXICO OIL (CONSERVATION COMMISSION	Form C-104	
SANTA	V FE	1	FOR ALLOWABLE	Separa la companya da	
u.s.g.	s. /	, , , , , , , , , , , , , , , , , , ,			
LAND	OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL SAS ET VED			
TRANS	SPORTER GAS		•	Ann	
OPER				APR - 2 1979	
I. PROR	ATION OFFICE				
				ARTEGIA, COTTOR	
Address	Address				
Recson	P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain)				
New Wol		Change in Transporter of:	Change in Oper	ator Name	
Recompl	=	Oil Dry Go			
Change	in Ownership	Casinghead Gas Conde	nsate		
	e of ownership give name ess of previous owner				
	IPTION OF WELL AND			-	
Lease N	E west B		me, Including Formation burg JACKSON (SR-9-B-SA	Kind of Lease	
Location		1 1 16 KHY	BURG JAC NOCK (SK-9-6-5	State, Federal or Fee FedeRA	
Unit	Letter M : 66	O Feet From The South Lin	ne and 660 Feet Fro	m The West	
Line	of Section 4 Tay	waship 175 Range 3	I F NMPM.	Eddy County	
1	J. 100	maint 110 Raids 3	TE , IMPM,	County County	
III. DESIGN	NATION OF TRANSPORT Authorized Transporter of Cil	TER OF OIL AND NATURAL GA	AS	proved copy of this form is to be sent)	
	one - wiw	er Condensate	Address (Give aduress to which app	proved copy of this form is to be sent)	
Name of	Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)	
	ne	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	produces oil or liquids, atlon of tanks.	twp. rige.	is dus delidally connected?	when	
If this p	roduction is commingled wit	th that from any other lease or pool,	give commingling order number:		
,	IV. COMPLETION DATA				
Des	ignate Type of Completion	on – (X)			
Date Spt		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	hange	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth	
Perforat	ions .			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ļ 					
V. TEST I	DATA AND REQUEST FO CLL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load a epth or be for full 24 hours)	il and must be equal to or exceed top allow-	
Date Fir	est New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
No Cl	nange of Test	Tubing Pressure	Casing Pressure	Choke Size	
		,		0.000	
Actual F	Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
		<u>.</u>	1		
GAS WI	ELL	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Actual	Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testina	Method (pitot, back pr.)	Tubing Pressuré	Casing Pressure	Choke Size	
VI. CERTII	FICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
I harahu	ractifu that the sules and r	egulations of the Oil Conservation	APPROVED APR 5 - 1979 19		
Commiss	sion have been complied v	with and that the information given			
above is true and complete to the best of my knowledge and belief.			STIPPPVISOR DISTRICT II		
			TITLE SUPERVISOR, DISTRICT IL		
1. 1	enge 1. Kina		This form is to be filed in compliance with RULE 1104.		
(Signature)			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		
District Prod & Drlg Supt.			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
1	3-27-79	(e)	able on new and recompleted wells.		
<u> </u>	(fr.)	10.1	Fill out Sections I, II, II	 and VI only for changes of owner, reteract other and above of rendering. 	
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