NO. OF COPIES REC	5	
DISTRIBUTIO	NC	
SANTA FE		1
FILE		1-
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		3
PRORATION OFFICE		
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE 1	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
FILE /-		AND NATURAL	
U.S.G.S.	AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL	, GAS
TRANSPORTER OIL	+	I	RECEIVED
OPERATOR 3	-		
PRORATION OFFICE	 		MAY 3 1955
Operator	oration of Texas		a. c. c.
Address	n		ARTESIA, OFFICE
	Breckenridge, Texas	Other (Please explain)	
Reason(s) for filing (Check prope	er box) Change in Transporter of:		Na
Recompletion	Oil Dry C	Gas Change of Opera	
Change in Ownership	Casinghead Gas Cond	effective May	
If change of ownership give na	ame	D 0 D 750 D1	idea Torres
and address of previous owner		P. O. Box 752, Breckenr	idge, iexas
. DESCRIPTION OF WELL A	AND LEASE		
Lease Name	Well No. Fool	Name, Including Formation Artesia en Grayburg San Andres	Kind of Lease State, Federal or Fee State
Resler Yates State:	Barrery 10 1/04/ 31 Quee	an Graybing ban marco	State, Federal of Fee
Location	1770 - Fost .	530 Feet Fro	m The North
Unit Letter B;	1770 Feet From The East L	line dnd reet 1700	
Line of Section 28	Township 18S Range	28E , NMPM,	Eddy County
	TOTAL OF OUR AND MARKINAL (745	
Name of Authorized Transporter	porter of OIL AND NATURAL 6 of Oil or Condensate	Address (Give address to which app	proved copy of this form is to be sent)
Water Injection Wel			I am dibio form to to be cost!
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	Cinc, Joseph Lings		
	ed with that from any other lease or poo	ol, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Com		individual	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		T 01/0 D	Tubing Depth
Pool	Name of Producing Formation	Top Oll/Gas Pay	. acting copin
Perforations			Depth Casing Shoe
		NA CENTIFICA SECOSA	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
			oil and must be equal to or exceed top allow
. TEST DATA AND REQUE OIL WELL	ST FOR ALLOWABLE (Test must be able for this	deptit of be jo. just 2:	
Date First New Oil Run To Tank	ks Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	I doing Pressure		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
110.101			
Testing Method (pitot, back pr.,	/ Tubing Pressure	Casing Pressure	Choke Size
			VATION COMMISSION
I. CERTIFICATE OF COMP	LIANCE	16	VATION COMMISSION
was a second and a second second	s and regulations of the Oil Conservation	on APPROVED	. 19
Commission have been comm	nlied with and that the information give	$\mathcal{M} \in \mathcal{M}$	chrone
above is true and complete	to the best of my knowledge and belie	DI	
		TITLE	A STATE OF THE STA
11. 10	So An it	This form is to be filed	in compliance with RULE 1104.
Charles 1	(Signature) Charles W. Smith	" most this form must be accor	llowable for a newly drilled or deepened mpanied by a tabulation of the deviation
OECI - W	(Signature) GHALLES W. SMILL	tests taken on the well in ac	cordance with RULE 111.

Office Manager

(Title)

(Date)

May 1, 1965

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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