	DISTRIBUTION SANTA FE FILE	REQUEST	FOR ALLOWABLE	ON	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55	
	LAND OFFICE		AUTHOPIZATION TORTEA CONSTRANCE DAS			
3.	OPERATOR J. PRORATION OFFICE Coperator	ARTESIA, DESIGN				
	Midwest Oil Corporation Address 1500 Wilco Building Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Recompletion Change in Ownership	Change in Transporter of: OII Dry Ga Casinghead Gas Conder	is X			
11.	and address of previous owner DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, including F		Kind of Lease	Lease No.	
	Lease Name South Empire Deep Un Location Unit Letter F ; 1		(Morrow Gas)	State, Federal or Fee	Federal NM 0560401	
		wnship 185 Range29E	, NMPM	- 11	County	
H .	Name of Authorized Transporter of OL		Address (Give address i		of this form is to be sent)	
	Amoco Pipeline Co. Name of Authorized Transporter of Ca Western Gas Intersta	singhead Gas or Dry Gas 🔀 te Co.	Address (Give address) Fidelity Union	o which approved copy <u>Tower</u> , Dalla	t. Worth, Tex. 76102 of this form is to be sent) Is, Texas 75201	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. F 6 18 29	Is gas actually connecte yes	2-26	· · · · · · · · · · · · · · · · · · ·	
IV.	f this production is commingled with that from any other lease or pool, 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 Completi Date Spudded		Total Depth	P.B.T	1 I 1 I	
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing	y Depth	
	Perforations	<u></u>		Depth	Casing Shc+	
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT					
	HOLE SIZE					
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- oil, WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)					
	Date First New Cil Run To Tanks	Date of Teat	Producing Method (Flou	, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Cheke		
	Actual Prod. During Test	Oil-Bble.	Water - Sbla.	Gcs -)	ACF	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC		y of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut			
V1.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION APPROVED			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY AL Susset			
	Bonnie Austrand (Signeiwe) Production Clerk		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 accients of this form must be filled out completely for allow-			
(Dote) well name of number, or transf			completed walls. Sactions I. II. III. s r, or transporter of of	and VI for changes of owner,		