NO. OF COPIES RECE	IVEO	j	
DISTRIBUTION		7	
SANTA FE		1	
FILE		J	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
THANS! ON EN	GAS		
OPERATOR			
PRORATION OFFICE			/
Operator		_	

NO. OF COFIES RECEIVED	4		, ,
DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110
FILE	1	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	ISPORT OIL AND NATURAL GA	NS
LAND OFFICE	4		•
TRANSPORTER OIL V/	4		
GAS V/	·		•
OPERATOR /	- <mark>-</mark>	•	
PRORATION OFFICE Operator	<u> </u>		•
Steve Sell ✓			· · · · · · · · · · · · · · · · · · ·
	W-1-31 7 m		
Reason(s) for filing (Check proper box	Midland, Texas 79704		
· · · · · · · · · · · · · · · · · · ·		Other (Please explain)	
New Well	Change in Transporter of:		1
Recompletion	Oil Dry Gas	≒ 1	
Change in Ownership	Casinghead Gas Condens	late []	· · · · · · · · · · · · · · · · · · ·
f change of ownership give name			
and address of previous owner			· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo.	rmation Kind of Lease	
Lease Name			Lease No.
Cal-Mon State	3 Loco Hills	O. GR. SA State, Federal	State LG4524
Location			·
Unit Letter H;99	O Feet From The S Line	and 990 Feet From Ti	• <u>W</u>
. Line of Section 16 To	wnship 185 Range	29Е , ммрм,	Eddy County
	•		₹.
	TER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be seat.
Texas-New Mexic	o Pipeline	P. O. Box 2528, Hol	obs, NM 88241
Name of Authorized Transporter of Ca	singhead Gas 🔽 or Dry Gas 🗀	Address (Give address to which approve	d copy of this form is to be sent)
Phillips Pit	<i>(</i> ,	4001 Kenbrush Vor	usa 1x, 79761
If well produces pil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? When	
give location of tanks.	L 16 18S 29E	M.D.	8-4-87
		. /	
If this production is commingled win COMPLETION DATA	ith that from any other lease or pool, a	tre comminging order number:	
COMPLETION DATA	Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	on $= \{X\}$		i - i
Designate Type of Completi	!	· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completi	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u> </u>	iii	Total Depth	P.B.T.D.
Date Spudded	iii	Total Depth Top Oll/Gas Pay	P.B.T.D. Tubing Depth
<u> </u>	Date Compl. Ready to Prod.		`
Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.		
Date Spudded	Date Compl. Ready to Prod.		Tubing Depth
Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND	Top OII/Gas Pay CEMENTING RECORD	Tubing Depth Depth Casing Shoe
Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE TOR ALLOWABLE (Test must be a)	Top Oll/Gas Pay CEMENTING RECORD DEPTH SET ter recovery of total volume of load oil a	Tubing Depth Depth Casing Shoe SACKS CEMENT Part IP-3 3-11-88 My 1.T. PP
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Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE OR ALLOWABLE (Test must be as able for this de Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in) NCE	CEMENTING RECORD DEPTH SET Depth	Tubing Depth Depth Casing Shoe SACKS CEMENT The state of the state
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Agent 1 1 1000 (Title)

(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 tests taken on the well in accordance with RULE 111.

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