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SANTA FE	1		
FILE	1	سا	
U.S.G.S.		<u> </u>	
LAND OFFICE	<u> </u>		
TRANSPORTER	OIL	1	
INANSPORTER	GAS		
OPERATOR			
PRORATION OF	'	1	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

u.s.g.s			AUTU			\cup	SPORT (111 ANI 1					
LAND OFFICE			AUTH	URIZATI	UN I			V E D		, .,			
TRANSPORTER	OIL GAS	1				RE	L E 1	v u					
OPERATOR						J	UN 1 3	1973					
PRORATION OF Operator	FICE											, , ,	
BARBER C	OIL IN	c	<u>-</u>			AF	D. C.	OFFICE					
Box 1658	3	Car	lsbed, I	<u>. х. 8</u>	8220	<u> </u>)ther (Pleas	e explain)	·—·-			
Reason(s) for filing New Well	(Check p	proper box)	Change:	in Transpor	ter of:			-:		y	* '		,
Recompletion			Oil	٢	*	Dry Gas			• *	* - * *	Service of		11.
Change in Ownersh	ip		Casingh	ead Gas		Condens	ate						
f change of owner and address of pre	rship give evious ow	e name vner					· · · · · · · · · · · · · · · · · · ·						
DESCRIPTION (OF WEL	L AND L	EASE	- 170	11.51.	Dual Nam	- Includin	Formation		Kir	d of Lease	·	
Lease Name	_1		Lease					tes Sevi	m Rive	rs Sta	te, Federal or F	ee Fed e	ra
Location			<u> </u>	101			<u> </u>			- 			
Unit Letter	1	: 2310	Peet F	rom The	port	h _Line	and	990	Feet Fr	rom The _	east		
Line of Section	25	Tow	nship 19	south	Ro	inge 30	east	, NMP	Л,		Eddy		Cour
					A CENTE	- 	1						
DESIGNATION Name of Authorize	OF TRA	NSPORT orter of Oil	ER OF OI	Condensate	ATUR	KAL GAS	Address (opy of this form	is to be se	nt)
Maya to Cra	de 011	Purch	sing Co	<u> </u>			Box 1	75 Ar	tesia,	pproved o	opy of this form	is to be se	nt)
Name of Authorize	d Transpo	orter of Cas	inghead Gas (or D	ry Gas	•	Address (The agains	10 1010011 11				
If well produces of	il or liquio	ds,	1	ec. Tw	1	Rge.	Is gas act	ually connec	ted?	When			
give location of ta	ınks.				198	30E	·	noling and					-
If this production COMPLETION	is comm	ingled wit	h that from	any other	lease	or pool, a					- Dunk Same	Res'v. Di	ff. B
Designate T		Completio	on - (X)	Oil Well	Ga	ıs Well	New Well	Workover	Deeper	n P1	ug Back ¦Same	ines (, D.	•-•
Designate 1 Date Spudded	ype or e		Date Compl.	. Ready to	Prod.		Total Dep	th		P.	B.T.D.		
Date opiaa							5 00 0	- F)			ibing Depth		
			T		rmation	,	Top CH70	as Pay		1	ibling Dop		
Elevations (DF, R	KB, RT,	GR, etc.,	Name of Pro	oducing For		1	1000.170						
Elevations (DF, R	KB, RT,	GR, etc.,	Name of Pro	oducing For			100 0.11/0			De	epth Casing Sho	е	
	KB, RT,	GR, etc.,	Name of Pro					ING RECO	RD	De	epth Casing Sha	e	
Perforations		GR, etc.,			, CASI	ING, AND		ING RECO		De		CEMENT	
Perforations	E SIZE	GR, etc.,		TUBING	, CASI	ING, AND				De			
Perforations		GR, etc.,		TUBING	, CASI	ING, AND				Di			
Perforations		GR, etc.,		TUBING	, CASI	ING, AND	CEMENT	DEPTH	SET		SACKS	CEMENT	
Perforations HOL	E SIZE		CASII	TUBING,	CASING S	ING, AND	CEMENT	DEPTH	lume of loa			CEMENT	top
Perforations HOL TEST DATA A	E SIZE	QUEST F	CASII	TUBING, NG & TUE	CASING S	ING, AND	CEMENT	DEPTH	lume of loa	d oil and	SACKS	CEMENT	top
Perforations HOL TEST DATA A	E SIZE	QUEST F	OR ALLOW	TUBING, NG & TUE	CASING S	ING, AND	CEMENT feer recover peth or be for	y of total vor full 24 hot	lume of loa	d oil and	SACKS	CEMENT	top
Perforations HOL TEST DATA A	E SIZE	QUEST F	CASII OR ALLOW	TUBING, NG & TUE	CASING S	ING, AND	CEMENT	y of total vor full 24 hot	lume of loa	d oil and	SACKS must be equal t tc.)	CEMENT	top
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(Date)

Fill out only Sections I, II, III, and VI 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 completed wells.