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NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL C	NEW MEXICO OIL CONSERVATION COMMISSION	
SANTA FE		REQUEST FOR ALLOWABLE	
FILE /-	KEQUEST	AND	Effective 1-1-65
U.S.G.S.	ALITHOPIZATION TO TRA	ANSPORT OIL AND NATHRA	I GAS
LAND OFFICE	AUTHORIZATION TO TRA	THO OR OLE AND HATOKA	EGEIVED
OIL /			day have
TRANSPORTER GAS /			
OPERATOR /			JAN 2 4 1955
PRORATION OFFICE			
Operator	/		a. c. c.
V. S. WELG	BH ^V	4	RTEBIA, OFFICE
Address			
DRAWER N	7 – Artesia, New He	XICO	
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:	Www Maki	ood Corporation
Recompletion	Oil A Dry Go	rs FIOM MCW	ood corporacion
Change in Ownership	Casinghead Gas Conde	nsate	
		· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF WELL AND Lease Name	Lease No. Well No. Pool No	tme, Including Formation	Kind of Lease State, Federal or Fee FEDERA
HINKLE F	3 S	HUGART	State, Federal or Fee & Subsection
Unit Letter <u>C</u> ; 99 (Feet From The NORTH Li	ne and 1980 Feet F	rom The V28T
Line of Section 27	ownship I8S Range	3IE , NMPM,	EDBY County
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of O	il or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)
TRIAS NEW MEX.P.1		P. O. Rex 1510 -	MIDIAND TEXAS
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which a	Proved copy of this form is to be sent)
PHILLIPS PETROLES		Box 6666 - Ops	_
LWIPPING LELWORE		Is gas actually connected?	When
		is day actually connected;	1 ALLENI
If well produces oil or liquids,	Unit Sec. Twp. Rge.		
give location of tanks.	C 27 ISS 3IE	YES	8/4/65
give location of tanks. If this production is commingled w		TES	
give location of tanks. If this production is commingled w. COMPLETION DATA	c 27 ISS 3IE with that from any other lease or pool,	TES	8/4/65
give location of tanks. If this production is commingled w	c 27 ISS 3IE with that from any other lease or pool,	give commingling order number:	8/4/65
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give location of tanks. If this production is commingled w. COMPLETION DATA	C 27 I	give commingling order number: New Well Workover Deeper	8/4/65 Plug Back Same Res'v. Diff. Res'
give location of tanks. If this production is commingled w. COMPLETION DATA Designate Type of Complet Date Spudded	C 27 IBS 3IE with that from any other lease or pool, ion - (X) Date Compl. Ready to Prod.	give commingling order number: New Well Workover Deeper	8/4/65 Plug Back Same Res'v. Diff. Res'
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Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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(Signature)	
A	

(Title)

JANUARY 24, 1966

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TITLE OR AND GAS INSPECTSE

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

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.