NO. OF COPIE	S RECEIVED 5	J .		
DISTRIE SANTA FE	UTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116
FILE / /			AND	Effective 1-1-65
LAND OF FI	CE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
TRANSPORT	TER OIL /	_		•
OPERATOR				
Uperator				
Address	PRODUCTION C	COMPANY	ARTEBIAL LA T	·
	R A, LEVELLAND, TEXAS		Other (Please explain)	Err Q-1-76
New Well Recompletion		Change in Transporter of: Oil Dry Ga	FROM: SOUTHER	N UNION GAS COMPANY
Change in Owr	nership	Casinghead Gas Conden		PANY OF NEW MEXICO
	wnership give name f previous owner			
	ON OF WELL AND	LEASE		
Lease Name	FEDERAL	Well No. Pool Name, Including Fo	ormation Kind of Lea <i>I - UPPER PENN</i> State, Fede	1114
Location				-
Unit Letter	<u> </u>	50 Feet From The NORTH Lin		
Line of Sec	tion To	wnship 22-S Range	23-E, NMPM, E	DDY County
	ON OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which app	oved copy of this form is to be sent)
AMOCO I	PRODUCTION C	OMPANY - TRUCKS	Box 1183 - Housz	ON, TEXAS 7700/ ored copy of this form is to be sent; BLDG DALLAS, TEX 95270
	MPANY OF NO	W MEXICO	FIRST INTERNATIONAL SUITE 1800	BLDG DALLAS, TEX 15270
If well produce give location o	es oil or liquids, of tanks.	Unit Sec. Twp. Rge. <b>F</b> 11 22 23	Is gas actually connected?	<sup>(hen</sup> 9-29-66
		ith that from any other lease or pool,	give commingling order number:	
IV. COMPLETIC	e Type of Completi	on - (X)	New Well · Workover Deepen	Plug Back Same Res'v. Diff. Bes'v.
Date Spudded		Date Compl. Ready to Frod.	Total Depth	P.B.T.D.
Elevations (D)	F, RKB, RT. GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	· · · · · · · · · · · · · · · · · · ·			Depth Casing Shoe
+	OLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	AND REQUEST F	TOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load o opth or be for full 24 hours)	il and must be equal to or exceed top allow-
OIL WELL Date First No	w Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test		Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. I	During Test	Cil-Bbis.	Water - Bbls,	Gas-MCF
GAS WELL				
Actual Prod.	Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)		Tuping Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICA	TE OF COMPLIAN	SCE		ATION COMMISSION
I hereby cert	ify that the rules and	regulations of the Oil Conservation	APPROVED	
Commission	have been complied	with and that the information given he best of my knowledge and belief.	BY	trasset
			TITLE - SUPERVISON, 4	
OS/MMOCC-ART I-DIV	Kou	W. lox	If this is a request for all	n compliance with RULE 1104. owable for a newly drilled or despendent
I-IMG		nature) rative Assistant	well, this form must be accom tests taken on the well in acc	penied by a tabulation of the deviation cordance with RULE 111.
1-545A	17	itle)	able on new and recompleted	must be filled out completely for allow- wells.
1-kc	1	<u>9-3-76</u>	well name or number, or transp	II. III, and VI for changes of owner, orter, or other such change of condution.
			Separate Forms C-105 m completed wells.	ust be filed for each pool in multiply

- 11	
	Separate F
	completed wells
1	completed werns