NO. OF COPIES RECEIVED								
SANTA FE		NEW MEXICO OIL CONSERVATION CONTRUSSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and r						
FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
L' OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	AL GAS					
IRANSPORTER OIL								
GAS								
1. PRORATION OFFICE		·	<u></u>					
Perry R. Bass			act Bla. Control					
Ailreos	· · · · · · · · · · · · · · · · · · ·	······································						
Box 1178, Mona Reason(s) for filing (Check proper	hans, Texas 79756 box)	Other (Please explain)						
New Well	Change in Transporter of:	U. S. G. S.	contract with Famariss					
Recompletion Change in Ownership	Oil X Dry G Casingheai Gas Conde	as 🗌 expired Apri	1 30, 1970.					
If change of ownership give nam								
and address of previous owner_								
II. DESCRIPTION OF WELL AN	ND LEASE							
Lease Mane Big Eddy Unit	_	ame, Including Formation	Kind of Lease Federal					
Location		Big Eddy Strawn	State, Federal or Fee NMO1189A					
Unit Letter0_;;	660 Feet From The South Li	ne and <u>1930</u> Feet F	rom TheEast					
Line of Section 19	Township 20-5 Range	31-E , NMPM,	Fdd					
L			Eddy County					
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G.		approved copy of this form is to be sent)					
The Permian Corpora	tion							
Nore of Authorized Transporter of Potash Company of A	Casinghead Gas 🚺 or Dry Gas 🚞	Address (Give address to which a Pox 31, Carlsbad, Ne	Texas 79701 approved copy of this form is to be sent) aw i.exico 83220					
Phillips Petroleum ( If well produces oil or liquids,	Unit Sec. Twp. Rge.	I FULLLUS BUILOING, (	Jessa, Texas 79760					
give location of tanks.	J 19 20 31	Yes	When May 16, 1966 January 12, 1967					
If this production is commingled IV. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	NONE					
Designate Type of Compl	Oil Well Gas Well	New Well Workover Deeper	n - Flug Back - Same Restv. Diff. Restv					
Date Spudied	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.					
			F.B.I.D.					
Fool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	1		Depth Casing Shoe					
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT					
		-						
-								
V. TEST DATA AND REQUEST OIL WELL		ifter recovery of total volume of load epth or be for full 24 hours)	l oil and must be equal to or exceed top allow					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ge	as lift, etc.)					
Length of Test	Tubing Pressure							
Length of feat	, applie Freezers	Casing Pressure	Choke Size					
Actual Prod. During Test	Ofl-Bbls.	Water-Bols.	Gas-MCF					
l								
GAS WELL								
Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate					
Testing Mathod (pitot, back pr.)	Tubing Pressure	Casing Fressure	Choke Size					
		· · · · · · · · · · · · · · · · · · ·						
VI. CERTIFICATE OF COMPLIA	ANCE	OIL CONSERVATION COMMISSION						
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED MA	<u> </u>					
Commission have been complie above is true and complete to	d with and that the information given the best of my knowledge and belief.	BY_ W. A. Gressett						
· · · <u>-</u> ·	-	TITLE OIL AND GAS INSPECTOR						
-1 -	$\rightarrow 0$		in compliance with RULE 1104.					
It. O. 0		ii anta tormita to be tiled	ALL COMPARANCE WILL RULE 1104.					
	Nurtz, Jr.							
(\$	ignature) U		llowable for a newl, drilled or deepened mpanied by a tabulation of the deviation coordance with RULE 111.					
(S Division P	(ignature) Production Clerk (Title)	well, this form must be acco tests taken on the well in a	mpanied by a tabulation of the deviation coordance with RULE 111. h must be filled out completely for allow-					
(S Division P	rignature) Production Clerk (Title)	well, this form must be acco tests taken on the well in a All sections of this form able on new and recompleted Fill out Sections I, II,	mpanied by a tabulation of the deviation coordance with RULE 111. In must be filled out completely for allow-					

	well hame of	number,	or tran	aporte	1, 01	other	suc	in cha	uRe o	r concre	
1	Separate	Forms	C-104	must	be	filed	for	each	0001	in multi	ply –
	nometoried we					-					