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FILE		/		•			R	EQUES	ST FC
U.S.G.S.		/_		┨.					F
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LAND OFFICE	1 au	,	-						
TRANSPORTER	OIL	Ζ,	-	ļ					
	GAS	4	-						
OPERATOR		2							
PRORATION OF	FICE		L	<u> </u>					
Operator Omlf Oil Co Address Boox 670, Ho					889				
Reason(s) for filing	(Check p	roper	box)	2700	VVS				
New Well				CI	ange :	In Trans	porter	of:	
Recompletion.				01	1			Dry	Gas
Change in Ownership	₽□			Co	singh	ead Gas		Con	densat
DESCRIPTION O Lease Name Springs Unit Location	F WEL	L AI	ND I		ell No	Pool		Including P	Form
Unit Letter 6		; <u>1</u>	1980) F	eet Fr	om The	Nor	th	Line a
Line of Section	3 k		Tow	nship	20-	.g		Range	26
Name of Authorized				Co.	Gas [or	Dry G	as 📆	A
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(Title)

(Date)

May 18, 1967

NSERVATION COMMISSION

Form C-104

FILE /-				KEQUESI	AND ALLOWABLE		Recurrence old C-104 and C-11		
U.S.G.S.			AUTHO	RIZATION TO TRA	ANSPORT OIL AND	NATURAL GA		E U	
LAND OFFICE	011	 	4						
IRANSPORTER	GAS	17					MAN 5 3 19	5/	
OPERATOR		3					ja es ja		
PRORATION OF F	ICE						ACT SIA, DEF	CK	
Gulf Oil Co	****	44							
Address	TUNK	LOH	-						
Box 670, He	bbs,	How M	exico 882k	0		1.ly	900 1		
Reason(s) for filing ((Check)	proper bo		Transporter of:	Other (Pleas	se explainthy for the Cip.	ling (onn)		
Recompletion.			Oil	Dry Go	is X 20 corr	eet Cas Are	msperter		
Change in Ownership	<u> </u>		Casinghed	d Gas Conde	nsate I from the	Germien Co	y		
If change of owners	hip giv	e name			,				
and address of prev	ious ov	vner		<u> </u>	•				
DESCRIPTION O	F WEL	L AND		· · · · · · · · · · · · · · · · · · ·		<u> </u>			
Lease Name			Well No.	Pool Name, Including F	ermation Penn &	Kind of Lease State, Federal	Foo	Lease No.	
Springs Unit				HE LOOK - Per	3237	State, 1 edetat	Fed 104-03387	58	
Unit Letter_		196	Feet From	m The North Lir	ne and 1980	Feet From Th	. Bet		
	-1			_					
Line of Section	34	To	wnship 20-8	Range	26-E , NMP	M, M	<u> </u>	County	
				AND NATURAL GA					
Name of Authorized				ondensate 🔛	_		d copy of this form is to be	sent)	
Name of Authorized				or Dry Gas	Bex 980, Hebi	to which approve	dgo d copy of this form is to be	sent)	
Dollhi Gas Pi	•	_	_				iouston, Texas 77		
If well produces oil	or liquid		Unit Sec.	Twp. Rge.	Is gas actually connec			<u> </u>	
give location of tank	s.		6 3	20-S 26-E	Yes		Faimorn 5-3-4	67	
If this production is COMPLETION DA		ngled w	ith that from any	y other lease or pool,	give commingling orde	er number:			
		omnlot:		il Well Gas Well	New Well Workover	Deepen	Plug Back Same Resty.	Diff. Res'v.	
Designate Typ		ompieti	Date Compl. R	l and to Dood	Trace Death			<u> </u>	
Date Spudded			Date Compi. A	eddy to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKE	3, RT, G	R, etc.	Name of Produ	cing Formation	Top Oil/Gas Pay		Tubing Depth		
							D 11 C 11 C)		
Perforations							Depth Casing Shoe		
			Т	UBING, CASING, ANI	CEMENTING RECO	RD			
HOLE	SIZE		CASING	& TUBING SIZE	DEPTHS	ET	SACKS CEMEN	Т	
	 								
TEST DATA ANI	REQ	UEST F	OR ALLOWA	BLE (Test must be a	fter recovery of total vol pth or be for full 24 how		id must be equal to or excee	ed top allow	
OIL WELL Date First New Oil F	Run To	Tanks	Date of Test	auto jo, titta de	Producing Method (Flo		etc.)	<u> </u>	
Length of Test			Tubing Pressu	re	Casing Pressure		Choke Size		
Actual Prod. During	Test		Oil-Bbls.	· · · · · · · · · · · · · · · · · · ·	Water-Bbls.		Gas - MCF	· · · · · · · · · · · · · · · · · · ·	
GAS WELL Actual Prod. Test-N	MCF/D		Length of Test	<u> </u>	Bbls. Condensate/MMC	OF T	Gravity of Condensate		
	, _					-			
Testing Method (pitc	t, back	pr.)	Tubing Pressu	re (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size		
					<u> </u>				
CERTIFICATE O	F CO	MPLIAN	ICE .		OIL		100 COMMISSION		
I hereby certify tha	it the ri	iles and	regulations of t	the Oil Conservation	APPROVED	MAY 25	<u>196/, 19.</u>		
Commission have !	been co	mplied	with and that I	the information given nowledge and belief.	BY W.	a. Dres	set		
to tigo wild	- 2p16	111	vi mj n		OIL AND	GAS INSPECT	O.B.		
ORIGINAL S	IGNED	BY							
L. A. TU	RNER						mpliance with RULE 11 ble for a newly drilled o		
		(Sign	nature)		well, this form mu	st be accompani	ed by a tabulation of the	e deviation	
Area Petrole	12	أعور احم		•	tests taken on the	Metr ID SCCOLG	ance 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.

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