DISTRIBUTION ANTA FE	1	CONSERVATION COM SION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
i.s.G.s.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
AND OFFICE		RECEIVE	. D
I MANSPORTER GAS			
OPERATOR	4	AUG 1 1974	
PRORATION OFFICE	<u> </u>	riou -	
D. L. Hannifin & C	Joe Don Cook	O. C. C.	E
P. O. Box 945, Ros	swell. New Mexico	88201	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry G	一一	
Change in Ownership		ensate	
If change of ownership give name and address of previous owner	P_4835	ad Deldwork	
	LEASE South Carlet	ad Deldware	
Lease Name	Well No. Pool Name, Including I	Formation Kind of Lea	_
Merland	1 Wildest -	Delaware State, Feder	ral or Fee Fee
Location			
Unit Letter J 203	30 Feet From The South Li	ine and 1846 Feet From	The East
0.4	wnship 22S Range	26E , NMPM, Edd	y County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS Address (Give address to which appr	oved copy of this form is to be sent)
Navajo Crude Oil		P. O. Drawer 175,	Artesia, N.M.
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent) .
Transwestern Pipe		P. O. Box 2521, H	ouston, Texas 7700
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	/hen
give location of tanks.	Ј 24 22 26	Yes	July 31, 1974
If this production is commingled w	ith that from any other lease or pool	l, give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Completi		X	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded 1-24-74	2-25-74	4518	4488
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth
3174 GR	Delaware	4454	4375
Perforations			Depth Casing Shoe
4454 - 56 & 4458-	64		
		ND CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	250
124	5 1/2	4518	450
7 7/8	2 3/8	4375	
	1 2 3/3		
DATA AND BEOMEST I	COR ALLOWARIE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top alle
V. TEST DATA AND REQUEST I	able for this	depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	thit's ic.)
2-25-74	2-26-74	Flowing Casing Pressure	Choke Size
Length of Test	Tubing Freesure	550	16/64
5 hrs.	400	Water - Bbls.	Gas-MCF
Actual Prod During Test	Oil-Bbis. 38	None	145 MCFPD
38 BO			
CAC WET I			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Fressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		211 221127	(ATION COMMISSION
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION AUG 5 1974	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	resset
	with and that the information give he best of my knowledge and belie:	f. BY	

Co-Owner

(Title)

(Date)

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens 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 allow able 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 multiple