NO. OF COPIES RECEIVED			4	
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SANTA FE		7		
FILE			سا	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	17		
	GAS			
OPERATOR		1	1	
PRORATION OFFICE		1	1	
PRORATION OF	ICE	1	i	
Operator	ICE	_	L _	
Operator		<u> </u>	1_	
		<u> </u>	L	
Operator Thorriton F	oppe		\	
Operator Thornton F	oppe:	ì, I		
Thornton ; F Address Box 1.21, Me	oppe:	ì, I		
Thornton ; F Address Box 121, Me Reason(s) for filing	oppe:	ì, I		

7-31-75

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

FILE /		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	GAS	
LAND OFFICE			RELLIVED	
TRANSPORTER GAS	+		A110	
OPERATOR /			AUG 1 1975	
PRORATION OFFICE				
Operator			ui. C. C.	
Thornton ; Hopper			ARTESIA, OFFICE	
Address	mwsc 70754			
Box 121, Mentone, Reason(s) for filing (Check prop		Other (Please explain)		
New Well	Change in Transporter of:		M. Filing as a re-test	
Recompletion	Oil Dry G	as for an allo	ować le: .	
Change in Ownership	Casinghead Gas Conde	ensate		
If change of ownership give no				
and address of previous owner				
DESCRIPTION OF WELL	AND LEACE			
Lease Name	Well No. Pool Name, Including l	Formation Kind of Lea	ease No	
Bradley-Federal	1 Black River	State, Fede	eral or Fee Federal 065421	
Location	NW 1/4 NW 1/4		. (
Unit Letter D;	330 Feet From TheLi	ne and 330 Feet From	n The	
			nate.	
Line of Section 13	Township 24 Range	26 E , NMPM,	Eddy County	
DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter		Address (Give address to which app	roved copy of this form is to be sent)	
The Permian	comp. Permian (Eff. 9 / 1 /87)	Box 1183, Houston, T		
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)	
FOR			N	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	11/2/2017			
	ed with that from any other lease or pool	, give commingling order number:		
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res	
Designate Type of Com	pletion = (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR,	etc.) Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1		
TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be able for this c	after recovery of total volume of load o lepth or be for full 24 hours)	oil and must be equal to or exceed top al.	
OIL WELL Date First New Oil Run To Tan		Producing Method (Flow, pump, gas	lift, etc.)	
7~12~75	713-75	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Chcke Size	
24 hrs.	Notie	None	Gas - MCF	
Actual Prod. During Test	Oil - Bbls	Water - Bbls.	TSTM	
`	5		September 19	
CAC WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.,	Tubing Pressure (Shut-in)	Casing Pressure (Shut-im)	Chcke Size	
. CERTIFICATE OF COMP	LIANCE		VATION COMMISSION	
		AUG	4 1975	
I hereby certify that the rules	and regulations of the Oil Conservation	1 7 10000	4	
Commission have been compabove is true and complete	lied with and that the information giver to the best of my knowledge and belief	BY N. Ce	resser	
and the time and samples		GUPERVI COR.	PASTRICT I	
		TITLE		
J · · 0.		This form is to be filed i	This form is to be filed in compliance with RULE 1104.	
Lecian J	Colar		lowable for a newly drilled or deepenpanied by a tabulation of the deviation of the deviati	
'	(Signature)	tests taken on the well in ac	Cordance With RULE 111.	
_Agent	(Title)	All sections of this form able on new and recompleted	must be filled out completely for all wells.	
	(1 ****)	Il BDIE ON DEM SUG LECOMPLETER		

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.