NO. OF COPIES RECEIVED 4		- 1		
DISTRIBUTION		DNSERVATION COM	Form C-104	
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE /		AND		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	A5	
01L /		RECEIVED		
TRANSPORTER GAS	]			
OPERATOR /		AUG 9 1976		
PRORATION OFFICE	l			
Austin Gas <b>BINGUARING</b> , Inc. <b>D.C.C.</b>				
Address ARTESIA, OFFICE				
	l, Kansas 675 <b>78</b>			
Reason(s) for filing (Check proper box) Other (Please explain)				
New Well	Change in Transporter of:			
Recompletion     Oil     Dry Gas       Change in Ownership     X     1     Aug.1976_casinghead Gas     Condensate				
Change in Ownership 1 1.49 . 29 / Cashighedd Ods Contains it C				
If change of ownership give name Morris R. Antweil, Box 2010, Hobbs, New Mexico 88240				
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.	
Malaga Unit-Tract			or Fee Fee	
Location				
Unit LetterE : 1650 Feet From The North Line and 330 Feet From The West				
10			Eddy <sub>County</sub>	
Line of Section 18 Township 24-S Range 29-E , NMPM, Eddy County				
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv		
The Permian Corpora	tion	Box 3119 Midland,		
"Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
None	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	n	
If well produces oil or liquids, give location of tanks.	A = 13 = 24 - S = 28 - E			
		l		
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D	
Date Spudded	Date comple fieldy to prod.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pa <b>y</b>	Tubing Depth	
Perforations Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD				
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE (				
· · · · · · · · · · · · · · · · · · ·				
		<u> </u>	<u> </u>	
. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)				
OIL WELL     Date of Test     Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure	Casing Pressue	Choke Size	
	011-Bbls.	Water-Bbls.	Gas-MCF	
Actual Prod. During Test	OII-BDIB.			
GAS WELL	•		·	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Since-In)		
	CF.			
CERTIFICATE OF COMPLIAN				
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED SEP 201	APPROVED SEP 201976	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY		BY W. a. Sresset		
TITLE <u>SUPERVISOR</u> , DISTRICT I				
This form is to be filed in compliance with RULE 1104.				
- MARIA h	ature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation		
Agent of Unit Oper	-	tests taken on the well in accor	tests taken on the well in accordance with RULE 111.	
Agent of office operator All sections of this form must be filled out completely for a sple on new and recompleted wells.			at be filled out completely for allow-	
2 August 1976		Fill out only Sections I. II. III. and VI for changes of owner,		
(Date)		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.		