DISTRIBUTION	REQUEST FO	ISERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
FILE U.S.G.S.		AND SPORT OIL AND NATURAL GAS	i
LAND OFFICE		₽ 7 0 % 3 7 % 5 9	
TRANSPORTER GAS .		an an an an an an Array an Ar	
PRORATION OFFICE		976	
Morris R. Antwei	.1	, ***	
Address		A. 11	
Box 2010, Hobbs, Reason(s) for filing (Check proper box)	additional	Other (Please explain)	
New Well	Ch ange In Transporter of: Oil Dry Gas	Effective 1 Oct	
Change in Ownership	Casinghéad Gas Concenso	ne deplit comm.	
If change of owrership give name and address of previous owner			
DESCRIPTION OF WELL AND I		nation Kind of Lease	Fee Fee
Little Jewel Com.		ad (Strawn) State, Federal or	
Unit Letter F ; 198	30_Feet From The North Line	and <u>1900</u> Feet From The	west
Line of Section 31 Tow	mship 22-S Range 2	7-E , NMEM. Eddy	County
DESIGNATION OF TRANSPORT		Address (Cive address to which approved Bog 3/19 Hourston	Copy of this form is to be sent)
He fine Corrections Hour of Authorized Transporter of Cas El Paso Natural		Adress (Give address to which approved Box 1492, El Paso, Is gas actually connected? No. Yes	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	No. YES	10-22-76
If this production is commingled with COMPLETION DATA	th that from any other lease or pool, g	ive commingling order number: <u>k²-0</u>	4145 Plug Fack Sine Resty, 1919. Resty.
Designate Type of Completic	$\operatorname{on} - (X)$	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		Tuking Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
Ferforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
	OR ALLOWABLE (Test must be aft able for this der	in a construction of load oil as	id must be equal to or exceed top allow-
OIT WELL		er feeber; of islat hours) Producing Method (Flow, pump, gas lift,	etc.)
Date First New Oil Bun To Tanks	Date of Test		Choke Size
Length of Test	Tubing Fressure	Casing Pressure	
Actual Pred, During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF
GAS WELL Actual Frod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cheke Size
I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION	
		APPROVED 001 28 1926	
		BY_ Ch, Kinesett	
		TITLESUPERVISOR, DI	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature)		well, this form must be accompanied by a tabutton in the well in accordance with RULE 111.	
Agent (Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
12 October, 1976		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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