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N)	×co 5]	."	
	NEW MEXICO OIL CON ATION AMISSION		Form C-104	
			*)	Supersodes Old C+104 and C+11 Effective 10 -65
	AUTHORIZATION TO TRA SPORT OIL AND NATURAL GAS			
	TRANSPORTER OIL	REC	EIVED	
1.	OPERATOR 2 PROBATION OF TICE SEP - 4 1973			
Operator				
	Address Vice Oil Company Address ARTESIA, OFFICE			
	Box 4906 - Midland, Texas 79701 Reason(s) for Irling (Check proper box) Other (Please explain)			
	We!l Change in Transporter of: Secompletion Oil Dry Ga			
	Shange in Owners up	Casinghead Gas Conder	nate all Com to.	lease nome
	If change of ownership give name and address of previous owner			
Û.	DE R. TION OF WELL AND	LEASE Well No. Pool Name, Including F	amation Kind of Lee	ise Lease No.
	Merland Com.	1 Undes. S. Carl		20000 1101
	Location 198	0Feet From The North Lin	1980	n The West
	Line of Sec. 3 39 Tov	vnship 22S Aange	27Е, ММРМ,	EGAY County
Å.s.a.	SIGNATION TRANSPORTER OF OIL AND NATURAL GA of Authoriz			
	e of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved cory of this form is to be sent) Transwestern F peline Box 2521 - Houston, Texas 77001			
	f well produces oil or ilquias,	Unit Sec. Twp. P.ge.		/hen
	give location of tanks. If this production is committigled wit	F 19 22S 22E	Yes	<u>5-</u>
IV. COMPLETION DATA				
	Designate Type of Completio	n - (X) X	X	•
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 11 687
		8-15-73 Name of Producing Formation		Tubong Deptr
	316 Perforations 2-11 Jes F	<u> </u>	11,245	Depth Casing Snoe
	303.304 ,3 309.311.331.32.333.341.374.375.411.413.414.415 1.732			
	421,156 493 <u>8</u> <u>25</u> ZE	TUBING, C.SING AND CASING & JUBING SULL	DEPTH SET	SA MENT
	17-1/2	13-3/8"	340	400
	<u>1</u> 1	9-5/8'		60
	<u> </u>	<u>5-1/2"</u> 2-7/8" Butt	11732	<u></u>
v.	TEST DATA AND REQUEST F(il and muss be equal in a succeed top allows
OII. WELL 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 lift, etc.)				
			· · ·	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas - MCF
	1	L		
	GAS WELL	Length of Test	5bls. Condensate/MMCF	Gravity of Condensate
	CAOF : 406	2 Hrs.	-	
	Testing Method (pury, back pr.)	Tubing Pressure (shut-in) 3178#	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE COMPLIANCE			OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and r	emilations of the Oil Conservation	APPROVED SEP 4 1973	
	Commission have been complied w above is true and complete to the	ith and that the information gives	y W.a. Aussett	
		• • •	TITLE OIL AND GAS INSPECTOR	
	GI		This form is to be filed in compliance Will ULE 1104.	
	_ afenllin		If this is a request for allowable or a net lied or deepened	
	(Signa Region Operation Ma	-	tests taken on the well in accord with participation with participation of the second	
	(Title) 		All sections of this form must selved on selver pletely for allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI souchanges of owner, well name or number, or transporter, or other such change of condition.	