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SANTA FE				
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U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	./		
	GAS			
OPERATOR				
		T -	1	

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	FILE	/		•	AND		Effective 1-1-65		
1	u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE								
	TRANSPORTER GAS	/	RECEIVED						
	OPERATOR PRORATION OFFICE	/							
1.	Operator			<del> ()</del>	<del>CT 1 4 1977</del>				
	Reserve Oil, Inc.								
	Address D, C. C.								
	312 HBF Building, Midland, Texas 7970 lartesia, Office								
	Reason(s) for filing (Check pro	Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well		Change in Transporte	r of:					
	Recompletion		011	Dry Ga	S 📙 Chai	ige effec	tive 11-1-77		
	Change in Ownership X		Casinghead Gas	Conden	sate				
	If change of ownership give and address of previous own	name N	forris R. Antwe	il, Box	2010, Hobbs,	New Mex	ico 88240		
**	DESCRIPTION OF WELL	AND	LEASE						
41.	Lease Name	3 71110 4	Well No.; Pool Name			Kind of Lease	<b>-</b>	Lease No.	
	Saik		l Carls	bad (Str	awn)	State, Federa	lor Fee <b>Fee</b>		
	Location								
	Unit Letter B	990	Feet From The No	rth Lin	e and 1980	FeetFrom	The East		
							1 1		
	Line of Section 17	Tow	vnship 22-S	Range	27-E , NMPM	,	Eddy	County	
III.	DESIGNATION OF TRAN	SPORT	TER OF OIL AND NAT	<u>FURAL GA</u>	S Address (Cine address	to which approx	ed copy of this form is to	he sent)	
	Name of Authorized Transport								
	The Permian	Corp	oration or Dry	Gas 🗶	Address (Give address	to which approx	n, Texas 77001 ved copy of this form is to	be sent)	
	Name of Authorized Transport			Gas 🚣 ]	!		, Texas 79978		
	El Paso Natur	rai Ga	Unit Sec. Twp.	Ege.	Is gas actually connect				
	If well produces oil or liquids	١,	B 17 22	27	Yes	i	1-3-75		
	give location of tanks.				<u> </u>				
	If this production is commin	igled wit	th that from any other lea	ase or pool,	give comminging orde	r number:			
IV.	COMPLETION DATA	<del></del>	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back   Same Res	v. Diff. Restv.	
	Designate Type of Co	ompletic	on - (X)	!				1	
	Date Spudded		Date Compl. Ready to Pro	od.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GF	R, etc.	Name of Producing Forma	tion	Top Oil/Gas Pay		Tubing Depth		
	Perforations						Depth Casing Shoe		
			TUBING, C	ASING, AN	CEMENTING RECOF		T		
	HOLE SIZE		CASING & TUBIN	G SIZE	DEPTH S	ET	SACKS CEN	IENT	
			ļ						
			<u> </u>		<u> </u>		+		
		<del></del>	<u> </u>		<u> </u>			wasad son allow	
V.	TEST DATA AND REQU	JEST F	OR ALLOWABLE $(T_{a})$	est must be a ble for this di	fter recovery of total voluments for be for full 24 hour	ime of load oil s)	and must be equal to or e	exceed top dition	
	OIL WELL	'ank =	Date of Test		Producing Method (Flo		ft, etc.)		
	Date First New Oil Run 10 1	Date First New Oil Run To Tanks Date of Test							
	Length of Test Tubing Pressure			Casing Pressure		Choke Size			
	Length of 1991					Ven	<u> </u>		
	Actual Prod. During Test Oil-Bbis.			Water - Bbls.		Gas-MCF	7, , , , , , , , , , ,		
	Actual From Burning								
	1			,,,,					
	GAS WELL								
	Actual Prod. Test-MCF/D	·	Length of Test		Bbls. Condensate/MMC	F	Gravity of Condensate		
	Testing Method (pitot, back ;	pr.)	Tubing Pressure (Shut-	in )	Casing Pressure (Shu	t-in)	Choke Size		
VI	CERTIFICATE OF COM	IPLIAN	CE		OIL	CONSERV	ATION COMMISSIO	N	
V -	CERTIFICATE OF STATE					May 1	1977	10	
	I hereby certify that the ru	les and	regulations of the Oil C	onservation	APPROVED, 19				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY W.a. Lossett					
		_			TITLE SUPERVISOR, DISTRICA, H				
	<b>A A</b>		••		This form is to be filed in compliance with RULE 1104.				
Clarene R. Chardle				at the second to allowable for a newly drilled or deepen					
			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
	District Engineer (Title)			All sections of this form must be filled out completely for all able on new and recompleted wells.					
	October 12, 1977				Fill out only	Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of conditions.			
	October 12. 1	1711			\$} · · · · ·		rter or other such chan	ge of cough	

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multi-