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SANTA FE		,	
FILE			
U.S.G.S.		ĺ	
LAND OFFICE			
TRANSPORTER	OIL] i	
	GAS		
OPERATOR			
PROBATION OFFICE		T -	

	SANTA FE .	REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65		
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS		
	TRANSPORTER GAS	-				
,	OPERATOR / PRORATION OFFICE					
1.	Operator Petroleum Corporation of Texas Address					
	P. O. Box 752, Breckenridge, Texas					
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)			
	Recompletion	Oil Dry Ga	Change of Operat Effective May 1,	•		
	Change in Ownership	Casinghead Gas Conder				
	If change of ownership give name and address of previous owner	Wilshire Oil Compan	y of Texas			
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease					
	Mobil Rudman	l Bas	in Dakota	State, Federal or Fee Federal		
		90 Feet From The South Lin	se and 790 Feet From T	_{he} East		
		wnship 25N Range	9W , NMPM, San Ju			
TTT						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which appro						
	McWood Corporation Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	306 V & J Tower, Midlar Address (Give address to which approv			
	ElPaso Natural Gas Com	npany	Farmington, New Mexico			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 27 25N 9W	Is gas actually connected? Whe	n July 1, 1962		
	If this production is commingled wi COMPLETION DATA					
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations		1	Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	and must be equal to or exceed top allow-		
	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 allowable 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.)					
				CULIVA		
	Length of Test	Tubing Pressure	Casing Pressure	WEPTIAM /		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	MAY 5 1965		
	CAS MIDI I	<u></u>	<u> </u>	OH COM		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
T/T	CERTIFICATE OF COMPLIAN	O.D.				
VI.	VI. 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.		BY Original Signed Emery C. Arnold TITLE Supervisor Disk. # 3				
	Charles HOM	ite	This form is to be filed in compliance with RULE 1104. 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 tests taken on the well in accordance with RULE 111.			
	(Sign Office N	atwe) Charles W. Smith				
	(Ti	tle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	May 3, 1	1965 ate)		and VI only for changes of owner, er, or other such change of condition.		

Fill out Sections I, II, III, and VI only 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