NO. OF COPIES REC	1	0	
DISTRIBUTION			
SANTA FE	7		
FILE			V
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
-	GAS		
OPERATOR	5		
PRORATION OF			
Operator			

II.

Ш.

IV.

NO. OF COPIES REC	EIVED	1									
DISTRIBUTIO	NC			NEW MEXIC	2011 0	ONCEDVA					
SANTA FE		7				CONSERVATION COMMISSION				Form C-104	
FILE		7	-	KEG	40E2	FOR ALLOWABLE				Supersedes Old Effective 1-1-6	d C-104 and C-11
U.S.G.S.		 		417110017171011	- -	AND				Effective 1-1-0	13
LAND OFFICE		 		AUTHORIZATION T	OTRA	NSPORT (DIL AND	NATURAL (GAS		
	OIL	-+	-+								
TRANSPORTER				TRANSPORT	ER CHA	NGED FROM	CHELL				
	GAS	-		OU COMPA	ANV TO	SHELL PIPE	SHELL				
OPERATOR		5		COPPORATI	ON EEE	ECTIVE 12/	LINE				
PRORATION OF	FICE			OOKI OKATI	ON EFF	ECHVE 12/	31/69				
Operator								· · · · · · · · · · · · · · · · · · ·			
Phili Onli	(11.75)	$\langle \Sigma^{n}, \cdot \rangle,$	1 1								
Address											
$F \in \mathbb{Q}_{+} \supset a$	st 1/70.	Tec		Lister Harrion 310/1							
Reason(s) for filing	(Check p	roper b	ox)			C	ther (Plea	se explain)			
New Well				Change in Transporter of:			: 1	والمعامدة المستعددة	atest a sur	de la	,# +# .*
Recompletion				OII 🗍	Dry Ga	s 🗔	1.2 2.2 16.00	in and	A CANADA	92.670 र-2 पछ ्	టేంద్రం కో
Change in Ownershi	501			Casinghead Gas	Conden			ଣ୍ଡିମ ବ୍ୟକ୍ତ ା •	Salat Cons		±Æ°
							J. L	<u> </u>			
If change of owners	hip give	name		Mad. a criera VII							
and address of prev	ious ow	ner	يرگوا	Waste Greenson Vill	1.	Carry (a	L,UIV,	L V Ba	to Tibe	lationi.	736
DESCRIPTION O Lease Name	F WEL	L AN	<u>D L</u> I								
				Well No. Pool Name, Incl	luding Fo	ormation		Kind of Lease	•		Lease No.
est Sa	1 140	.1.		122 vi.s.	3. Takid	er dell.	K.	State, Federa	l cr Fee	Parce out	
Location											-1
Unit Letter	A	. 8	40	Feet From The nor	th Line	a and 9'	75	E 5 5	51. -	east	
		′				e dnd		Feet From T	ne		
Line of Section	29) ,	Towns	ship Rar	nge	13	, NMP	v inc	- (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
-				- Tida	ige	34. p. 1	, IVIVIE	101, -/8 %	10 10 March 1		County
DESIGNATION OF	E TDAY	veno	ртг	CD OF OUR AND NATION	AT 64						
Name of Authorized	r IRA. Transpor	ter of 0	RIP	or Condensate	AL GA	S Address (Ca				 	
MAD V.	ranopo. Partos y	74.	ے مدت	A Table		Address (Gr	ve adaress	to which approx	ев сору о	j this jorm is to	o be sent)
43.44	Raphinson .	3 : -				!					
Name of Authorized						Address (Gi	ve address	to which approx	ed copy o	f this form is to	o be sent)
	ध्यादिकी ।		3 4 30	The State of							
If well produces oil o	or liquids			Unit Sec. Twp. I	Rg e.	Is gas actua	illy connec	ted? Whe	n		
give location of tank				1				1			i
f this production is	commin	orlad	with	that from any other lease o			_1:				
COMPLETION DA	ATA	IRrea	with	that from any other rease o	r poor,	give commin	igiing ora	er number:			
				Oil Well Gas	Well	New Well	Workover	Deepen	Plug Ba	ck Same Res	v. Diff. Res'v.
Designate Typ	e of Co	mple	tion	- (X)		I I	1	1		- Same Hes	
Date Spudded				Date Compl. Ready to Prod.		Total Depth	i	<u> </u>	5.5.5.5	<u> </u>	
			٦	rate compilerically to reca.		Total Depth			P.B.T.D	•	
Elevations (DF, RKB	D DT CI			Name of Bandardan Bandarda		T 011 (0					
Elevations (DP, KKD	, R1, GA	C, etc.	/ ¹	Name of Producing Formation		Top Oil/Ga	s Pay		Tubing I)epth	
						İ					
Perforations									Depth Co	asing Shoe	
				TUBING, CASIN	G, AND	CEMENTIN	IG RECO	RD			
HOLE	SIZE			CASING & TUBING SIZ			DEPTH			SACKS CEM	FNT
			-				-		 		
			-+		-				 		
									<u> </u>		
						L			i		
TEST DATA AND	REQU	EST	FOR	RALLOWABLE (Test mi	ust be af	ter recovery o	of total vol	ume of load oil a	ind must b	e equal to or e	xceed top allow-
OIL WELL				able for	this dep	oth or be for f	ull 24 hou	rs)			
Date First New Oil R	lun To To	ank s	Į E	Date of Test		Producing M	ethod (Flo	w, pump, gas lif	t, etc.)		
			1								
Length of Test			7	Tubing Pressure	-	Casing Pres	sure		Choke S	Ze	
Actual Prod. During	Test			Heeb		Water - Bbls.			Ggs - MC	F	
•		_		CIVEN /					3400	•	
		-/2	H	111111 /					1		
OAC WEST		/(<i>(L)</i>	ا بالا							
GAS WELL	000	4	100	TER OF PART							
Actual Prod. Test-M	ICF/D	1	W	Tub COM.		Bbls. Conde	nsate/MM0	CF	Gravity	of Condensate	
		1	1	Y COVIII							
Testing Method (pito	t, back p	r.)	(II)	jub Press (Shat-in)		Casing Pres	sure (Shu	t-in)	Choke S	.20	
		1	۳,	DIST (state-in)			-				
CERTIFICATE O	E COM	DT #A	~~				~	CONCEDIA	T1031 C		
CLATIFICATE U	r COM	LIA	NUE		ļ		OIL	CONSERVA			1
					ļ			AUG	3 10	256	
hereby certify that	t the rul	es an	d reg	gulations of the Oil Conserv	vation	APPROV	ED		32	 ,	19
commission have bulleting by the bulleting is true and a	een con	nplied to t	with he h	h and that the information est of my knowledge and b	given	BY	Origin	nal Signed	by En	nery C. A	rno ld
	p1010		5	or my knowledge and b		• '					
					i i	ì		SUPERV	720K D	101. #3	

Market 1		
(Signature)	

(Title)

9-29-6 (Date)

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.