NO. OF COPIES REC	ó		
DISTRIBUTIO			
SANTA FE	1		
FILE	1	V	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THAIS ON EN	GAS	$\Gamma_i$	

	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION							Form C-104		
	SANTA FE	_/_	U	_		FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GAS			Supersedes O	ld C-104 and C-11	
	FILE								Effective 1-1-65		
	U.\$.G.\$.			AUTHOR	IZATION TO TRA				GAS		
	LAND OFFICE						· · · · ·				
	TRANSPORTER OIL										
	GAS	١,									
	OPERATOR	,									
. 1	PROPATION OFFICE										
•	Operator										
	Austral Oil Company Incorporated										
	Address										
	2700 Humble Building, Houston, Texas 77002										
	Reason(s) for filing (Check p	roper	box)	<u>-</u> .			Other (Pleas	e explain)			
	New Well			Change in T	ransporter of:						
	Recompletion			Oil	Dry Go	25 🔲					
	Change in Ownership			Casinghead	Gas Conde	EFFECTIVE MARCH 1, 1967					
١		-									
	If change of ownership give name										
	and address of previous ow	ner _	-							<del></del>	
1	DESCRIPTION OF WELL AND LEASE										
٠,	DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including F						<del></del>	Kind of Lease		Legse No.	
	duerfanito			13	Basin-Dako			1	l or Fee Federal		
	Location			120	Dasin-nako	· v ca.		J	reueral .		
			9.55		Consta	•	lar s		• •		
	Unit Letter	;	シノリ	Feet From 7	rhe South Lir	ne cand	. <del>4</del> 9J	Feet From '	The <u>West</u>		
ļ	01		_	a. 02 1	_						
ĺ	Line of Section 21	<del></del>	Town	ship 27-4	Range	<u>J</u> -₩	, NMPN	• San Jud	n	County	
	D.D.G.C		~~-								
۱.	DESIGNATION OF TRAIN Name of Authorized Transport				ND NATURAL GA		Give addeses	to which appro-	ved copy of this form is	to be sent?	
1	THE PERMIAN COR		_	<del></del>	_ <u></u>	1				9701	
-	THE PERMIAN COR				or Dry Gas Ty	1		<del>.</del>	ved copy of this form is		
i	•			_	Or Day Gas TA					ve sentj	
	El Paso Natural	GE,			_ <del></del>	P. O. Box 1492, El Paso, Texas Is gas actually connected? When					
-	If well produces oil or liquids	١,		Unit Sec.	Twp. Rge.	Is gas ac	ually connect	ed?" Who	en -		
l	give location of tanks.	-		3   21.	27-1 9-4	<u> </u>	Yes		July 12, 196	6	
1	f this production is commin	ngled	with	that from any	ther lease or pool,	give comm					
	COMPLETION DATA								· · · · · · · · · · · · · · · · · · ·		
	Designate Type of Co		<b>_+:</b>	(X)		New Well	Workover	Deepen	Plug Back   Same Re	s'v.   Diff. Res'v.	
- [	Designate Type of Co	ուդեւ	etion	- (A)	X	<u> </u>			!	<u> </u>	
ſ	Date Spudded	1	Date Compl. Rea	e Compl. Ready to Prod.		Total Depth		P.B.T.D.			
-											
-	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay		Tubing Depth		
Ĺ											
ſ	Perforations								Depth Casing Shoe		
				TUE	ING, CASING, AND	CEMENT	ING RECOF	D			
L	HOLE SIZE			CASING &	TUBING SIZE	DEPTH SET		SACKS CEMENT			
									<u> </u>		
						<u> </u>					
Ī									•		
,  `	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to be eneaged top allow										
	OIL WELL able for this depth or be for full 24 hours)								Carried States		
Ī	Date First New Cil Run To Tanks Date of Test						Method (Flow	v, pump, gas lij	(t, etc.)	. 3	
1									KLULI	المسلادي الم	
t	Length of Test			Tubing Pressure		Casing Pr	-88W-		Chole Size	1017	
- [								EB 3			
ŀ	Actual Prod. During Test			Oil-Bbls.	Water - Bb	le.		Gas MCF	. com.		
									Con con. com.		
Į,									<del></del>	• •	
	GAS WELL								The second of th	مستعشر	
ſ	Actual Prod. Test-MCF/D	F/D Length of Test		Bbls. Condensate/MMCF		F	Gravity of Condensate				
l											
ł	Testing Method (pitot, back p	r.)	1	Pubing Pressure	(Shut-in )	Casing Pr	essure (Shut	-in)	Choke Size		
	•				. •		-				
Ļ		D7 .*	ANC	7			011 4	ONSEDVA	TION COMMISSIO	N.	
•	CERTIFICATE OF COM	CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION					
				011 6	APPROVED FEB 23 to			st	19		
- 1	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given										
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 by Emery C. Arnold				C1 <b>4</b>		
						TITLE SUPERVISOR DIST. 49					
	101111						This form is to be filed in compliance with RULE 1104.				
	Millolaney					If this is a sequent for allowable for a newly drilled or despense					
-	D. D. Delaney (Signature)					well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
		Chief Production Clerk									
-	LOIRT PT	(Title)					All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	17 a.L							Fill out only Sections I. II. III. and VI for changes of owner,			
-	February 20 1967						well name or number, or transporter, or other such change of condition.				
(Date)						Well name or number, or transportan or other such change of conditions					

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.