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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	Z	
	GAS		
OPERATOR		بكر	
PRORATION OFFICE			

14.67

(Date)

				Supersedes Old C-104 and C-116 Effective 1-1-65		
	U.S.G.S.	ALITHOPIZATION TO TRA	NSPORT OIL AND NATURAL	CAS		
	LAND OFFICE	AOTHORIZATION TO TRA	MISTORT OIL AND NATURAL	GA3		
	TRANSPORTER OIL / GAS					
	OPERATOR 2			•		
1.	PRORATION OFFICE Operator	L				
	Twinlakes O	dl Company		i		
	Twinlakes 011 Company ddress Po. Box 1522, Raswell, n. m. 28201					
	409 Meadows Building, Dallas, Texas 75206					
	Reason(s) for filing (Check proper box)	,	Other (Please explain)			
	New Well	Change in Transporter of:	<u> </u>	j		
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden				
	Shange in Switching	Conden	isde [_]			
	If change of ownership give name and address of previous owner	H. N. Sweeney, P. O. B	Box 1582, Roswell, New M	Mexico 88201		
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Leas	se Legse No.		
			State Feder	gl en Foo		
	Mohawk Federal Location	1 Bitter Lakes S	A. SOUER	Federal NM-034548		
	Unit Letter 0 ;	Feet From The OUT; Lin	e andFeet From	The		
	Lieu of Continu	makin Danas	. N. T	· Carren		
	Line of Section 22 Tow	vnship 10S Range	25E , NMPM, (haves County		
III.		TER OF OIL AND NATURAL GA	S.			
	Name of Authorized Transporter of Oil		Address (Give address to which appro			
	Sourlock 01 Name of Authorized Transporter of Cas	1 Company :	Address Give address to which appro	Midland, Texas oved copy of this form is to be sent)		
	None					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	nen		
	give location of tanks.		No			
		th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	n = (X)				
	Date Spudded	Date 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		
	, , , , , , , , , , , , , , , , , , ,					
	Perforations			Depth Casing Shoe		
		TURING CASING AND	CEMENTING DECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	NOCE SIZE	CASING & TOBING SIZE	50, 11, 50,			
			<u> </u>			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil tpth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
	'		<u> </u>			
	GAS WELL	Ti v co	Taul Colonia and Ca			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			<u> </u>	<u></u>		
V۱۱.	VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
		APPROVED 2, 3 1967				
	Commission have been complied w	ereby certify that the rules and regulations of the Oil Conservation immission have been complied with and that the information given		BY / li Sressett		
	above is true and complete to the best of my knowledge and belief.		BY / CO CO NO LEGICLEY			
		TITLE				
			This form is to be filed in compliance with RULE '104.			
(Signature)		If this is a request for allowable for a newly drilled or deepened				
	(Signa	iture)	well, this form must be accomp tests taken on the well in acco	anied by a tabulation of the deviation		
	<u> </u>		All sections of this form m	ust be filled out completely for allow-		
	(Ti	ile)	able on new and recompleted w	relia.		

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 completed wells.