NO. OF COPIES REC	15		
DISTRIBUTIO			
SANTA FE			
FILE	/-		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	\mathcal{L}	
	GAS		
OPERATOR	2		
DECEMPION OF			

- }	CANTAFE) N	 		NEW MEXICO OIL			SION		Form C-104	
- 1	SANTA FE		// 		REQUEST		FOR ALLOWABLE			Supersedes Old C-104 and C-110 Effective 1-1-65	
ļ	FILE		1-			AND			21.001.10	. 1-03	
	U.S.G.S.			AUTI	HORIZATION TO TR	ANSPORT OIL	AND N	ATURAL GA	\S		
	LAND OFFICE										
	TRANSPORTER	OIL									
	TRANSFORTER	GAS									
	OPERATOR		2								
	PRORATION OFF	ICE								- 101	
•	Operator		 								
		That w	106	es Oil Com							
	Address	1	11ar	ES OIT COM	2, Roswell	yn yn 2	8820	: /			
		9.0	O. D	DOXIDE	L' Nosureu	, 71. //1.		•		17	
	Reason(s) for filing (Charles	Mead	dows build	ing, Dallas, Te	KAB 75206	(Please	valain)			
	_	(C.neck p	roper			Officer	(I teuse i	explain)		}	
	New We!l	\vdash		_	in Transporter of:					1	
	Recompletion	닏		C11	Dry C	Gas					
	Change in Ownership	-L x		Casing	head Gas Cond	ensate					
	If change of owners			е Н. N. 9	Sweeney, P. O. I	Row 1582 Ro	News 11	Now Mor	100 88201		
	and address of prev	lous ow	vner _	11.0 11.0	SMC-SHEAT I OF I	JUK JJOZ, KC	SMETT	, new mex	TCD 0070T		
21	DESCRIPTION O	e wet	T AB	ID I FACE							
11.	DESCRIPTION O	r wer	JL AN	Well N	o. Pool Name, Including	Formation		Kind of Lease		Lease No.	
		_		ŧ				State, Federal	or Fee	- 104 07294	
	Elliott Fede	ral		i _1	Bitter Lakes S	S. A. South			Federa	1 WM-07384	
	Location		_				_				
	Unit Letter	3	. ; <u> </u>	<u>.55)</u> Feet F	From The North L	ine and 65	<u> </u>	Feet From T	he West		
	Line of Section	26		Township	10S Range	25E	, NMPM,		Chaves	County	
						270		- -			
III.	DESIGNATION O	FTRA	NSP	ORTER OF O	IL AND NATURAL G	AS					
	Name of Authorized	Transpo	rter of	Oil 😱 or	Condensate	Address (Give a	address to	which approve	ed copy of this for	n is to be sent)	
				-		41/4 Mid A-	arian	Blda M	ddland Tow	.00	
	Scurlock 011 Name of Authorized			Casinghead Gas	or Dry Gas	Address (Give o	address to	which approve	idland, Texed copy of this form	n is to be sent)	
				0.10.11.q.1.0.11.0.11	,			••			
	None	<u> </u>				<u> </u>		100			
	If well produces oil	or liquid	is,	Unit S		Is gas actually	connected	17 When	1		
	give location of tank	cs.		, 4.4) 	20 1201 220	No					
	If this production is	s commi	ingled	with that from	any other lease or pool	l. give commingli	ng order	number:			
	COMPLETION D		g.ca	with that from	un, other reads of pro-	., 5					
					Oil Well Gas Well	New Well Wo	orkover	Deepen	Plug Back Sam	e Res'v. Diff. Res'v.	
	Designate Typ	pe of C	ompl	etion — (X)		i		1	i		
	Date Spudded			Date Comp	l. Ready to Prod.	Total Depth	-	Ĺ	P.B.T.D.		
	baic opadada					•					
	Elevations (DF, RK)	D DT (2.0	Name of Dr	oducing Formation	Top Oil/Gas Pa	av.		Tubing Depth		
	Lievations (Dr., KK)	В, КІ, С	r, etc	", Indine of Fi	odacing i onnation	1.00 0.17 0.20 1.	~,				
									Depth Casing Sho		
	Perforations								Depth Casing one	,	
				,	TUBING, CASING, A						
	HOLE	SIZE		CASI	NG & TUBING SIZE	DE	EPTH SE	T	SACKS	CEMENT	
								-	i		
	APPORT DATE ATT	D 000	TIECO	r EOB 41 TO	PADIE (Table 1		otal sales		nd must be send t	o or exceed too allow-	
V.		D REQ	UESI	FOR ALLOV	WABLE (Test must be able for this	after recovery of to depth or be for full	24 hours	ie oj toda ott a	na must be equal t	o or exceed top attow-	
	OIL WELL Date First New Oil	Bun To	Tank	Date of Te		Producing Meth			, etc.)		
	Dute rist New OII	11011 10	, unk s	Date Ct 16			,,		-		
						Casing Pressu	-		Choke Size		
	Length of Test			Tubing Pre	iee me	Coamid Liesson	• •				
								Ggs - MCF			
	Actual Prod. During	Test		Oil-Bbls.		Water - Bbls.			348 - 14/04		
	`										
	GAS WELL				•						
	Actual Prod. Test-	MCF/D		Length of	Test	Bble. Condens	ate/MMCF		Gravity of Conde	nsate	
	Testing Method (pit	tot back	Dr.)	Tubing Pre	essure (Shut-in)	Casing Pressu	re (Shut-	in)	Choke Size		
	. esting Method (ph	, ,	, p ,		0000-20			- •			
						<u> </u>					
VI.	CERTIFICATE (CERTIFICATE OF COMPLIANCE						TION COMMIS			
							1.7	- nd .			
	I hereby certify th	hereby certify that the rules and regulations of the Oil Conservation				n APPROVE	APPROVED			, 19	
Coission have been complied with and that the information given					n /	APPROVED					
above is true and complete to the best of my knowledge and belief.						r. BY					
						TITLE					
	\sim								-		
	. /	$\varphi = f$							ompliance with		
	Kemer & Alenard					75 4410	If this is a request for allowable for a newly drilled or deepened				
(Signature) Vice-President						well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
						well, this fe	orm must	De accompa	dance milet		
	- // w.	re_D	nae [.]	Signature) ident		tests taken	on the	vell in accor	dance with RUL	E 111.	
	Vie	ce-P) :aer			tests taken	on the v	vell in accor	dance with RUL at be filled out c	e 111. completely for allow-	
	// Vi			Signature) ident (Title)		tests taken All sec	on the victions of wand rec	vell in accor this form must completed we	dence with RUL st be filled out c lls.	e 111. completely for allow-	

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.