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DISTRIBUTION	NEW MEXICO OII	CONSERVATION COMMISSION	Form C-104	
SANTA FE	I .	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
FILE	, REGUEST	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	SAS	
LAND OFFICE	AUTHORIZATION TO TR	AND ON THE AND NATORAL		
OIL /	-	0		
TRANSPORTER	4	1	The same of the sa	
GAS		F	RECEIVED	
OPERATOR 3	_			
PRORATION OFFICE	<u> </u>		a ance	
Operator			NOV 1 8 1965	
Dr. San G. Dun	in V			
Address				
Reason(s) for filing (Check proper box	Artesia, N.M.		ARTESIA DEFICE	
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry (Gas	ļ	
Change in Ownership	Casinghead Gas Cond	lensate		
			A	
If change of ownership give name	Shell Oil Com	many Q.O. Box 150	9, midland, Jeyas	
and address of previous owner			79704	
. DESCRIPTION OF WELL AND	LEASE		77704	
Lease Name	Lease No. Well No. Pool 1	Name, Including Formation	Kind of Lease	
Description Designation	3 Aon	e San Andres	State, Federal or Fee Fee	
Everna Fairsloth	T ROW	to Dan Bucios		
	Ti a mili	. 330 ==-	The South	
Unit Letter 0 ; 231	Feet From The LAST	ine and 330 Feet From	The Dodding	
		27E , NMPM, Ch	aves County	
Line of Section 32 To	wnship 75 Range	27E , NMPM, Ch	aves	
		m 4 G		
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL C	Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Authorized Transporter of Oil		Par 320 Abilana	10-00 2003 242 les Bl	
Newcood Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 330 Abilene Texas 3003 24116 Bl Address (Give address to which approved copy of this form is to be supply		
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (tythe dualess to which appr	obea copy of this join to to be Engi	
		711	hen	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	nen	
give location of tanks.		m. 157		
	0 32 7 27	7 No		
	<u> </u>	<u>' </u>		
If this production is commingled wi	ith that from any other lease or poo	ol, give commingling order number:		
If this production is commingled with COMPLETION DATA	ith that from any other lease or poo	ol, give commingling order number:	Plug Back Same Res'v. Diff. Res'v.	
If this production is commingled wi	ith that from any other lease or poo	ol, give commingling order number:	Plug Back Same Restv. Diff. Restv.	
If this production is commingled with COMPLETION DATA Designate Type of Completi	ith that from any other lease or poor on $-(X)$ Gas Well	ol, give commingling order number:	Plug Back Same Res'v. Diff. Res'v.	
If this production is commingled with COMPLETION DATA	ith that from any other lease or poo	New Well Workover Deepen		
If this production is commingled with COMPLETION DATA Designate Type of Completi	on - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth		
If this production is commingled with COMPLETION DATA Designate Type of Completi	on - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	P.B.T.D.	
If this production is commingled with COMPLETION DATA Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.)	on - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D. Tubing Depth	
If this production is commingled with COMPLETION DATA Designate Type of Completi	on - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.	
If this production is commingled with COMPLETION DATA Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.)	on — (X) Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth	
If this production is commingled with COMPLETION DATA Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.)	on — (X) Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe	
If this production is commingled with COMPLETION DATA Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.)	on — (X) Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth	
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If this production is commingled with COMPLETION DATA Designate Type of Completi Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	Oil Well Gas Well On - (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE	New Well Workover Deepen Total Depth Top Oil/Gas Pay ND CEMENTING RECORD DEPTH SET	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT	
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If this production is commingled with COMPLETION DATA Designate Type of Completi Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE 7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	Oil Well Gas Well On - (X) Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE FOR ALLOWABLE (Test must b able for this Date of Test Tubing Pressure	New Well Workover Deepen Total Depth Top Oil/Gas Pay ND CEMENTING RECORD DEPTH SET e after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas) Casing Pressure	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT il and must be equal to or exceed top allow lift, etc.) Choke Size	
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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.

Thelma Hall Paton
(Signature)
Agont (Title)
(Title)
11-15-1965 (Date)
(Date)

OIL CONSERVATION COMMISSION

APPROVED. W.a.

TITLE GOL BUS GAS INSPECTIVE

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 completed wells.