NO. OF COPIES REC	15_		
DISTRIBUTI			
SANTA FE			
FILE		/-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS		
OPERATOR		2	
PRORATION OFFICE			
Operator			
	Twin]	lake	s

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURA	DEC 21 1967	
1.	Operator	1/			
	Twinlakes 0 Address P O Phyl	il Company 1582, Roswell, H.	m.28201	Anguate Grews	
	409 Madows	Building, Dellas, Texas	75206		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well Recompletion	Change in Transporter of: Oil Dry Gar	s \square		
	Change in Ownership	Casinghead Gas Conden	≒ 1		
	If change of ownership give name and address of previous owner	H. N. Sweeney, P. O.	Box 1582, Roswell, Ne	ew Mexico 88201	
II.	DESCRIPTION OF WELL AND I	LEASE	ormation Kind of)	Torono Nie	
	Lease Name	Well No. Pool Name, Including Fo	State F	ederal or Fee	
	Citgo State Location	3 Undes. Twin Lak	es-San Andres	State OC 4681	
	Unit Letter K ; 19	80 Feet From The South Line	e and <u>1980</u> Feet F	rom The West	
	Line of Section 26 Town	rnship RC Range	28F , NMPM,	County	
	Line of Section 36 Tow	riship 85 Range	28E , NMPM,	Chaves County	
III.	DESIGNATION OF TRANSPORT				
	Name of Authorized Transporter of Oil Scurlock Oil Company	or Condensate		approved copy of this form is to be sent)	
	'Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which of	upproved copy of this form is to be sent)	
	None				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 36 85 28E	Is gas actually connected?	When	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	CTB 177	
	Designate Type of Completio	n - (X)	New Well Workover Deepe	n Plug Back Same Restv. Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations		Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		DR ATTOWARTS (T	4	d oil and must be equal to or exceed top allow-	
V.	TEST DATA AND REQUEST FO				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	GAS WELL				
	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	
VI.	VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION APPROVED 19		
	Commission have been complied wabove is true and complete to the	with and that the information given	BY W. G. S	resset	
	2000 20 mg compared to the control of the control o		TITLE		
	0	\mathcal{J} .	THE This form is to be filed in compliance with RULE 1104.		
	James 6.	Flenard	to this is a sequest for allowable for a newly drilled or deepened		
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Vice-President			m must be filled out completely for allow-	

able 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.