ſ	NO. OF COPIES RECEIVED	i //						
ŀ	DISTRIBUTION	$\frac{7}{1}$				NEWAE	VICO 0	~
ŀ	SANTA FE	1/				NEW ME	REQUE	
}	FILE	1	$\overline{}$				KEWUE	:31
1	U.S.G.S.				AUTUO	DIZATIO	M TO	TD.
					AUTHU	RIZATIO	IN TO	IK
	LAND OFFICE							
	TRANSPORTER OIL	_ +						
	GAS	2						
	OPERATOR	1	-					
1.	PRORATION OFFICE Operator							
	Operator		H.	M.	. Swee	YEF		
	Address		73		Same	1582, F	Acrea?	17
	5 () ( (!)	,		<u>.</u>	AUG.	ا و ۱۵۰۵ <i>س</i> یل	.0.5WG1	
	Reason(s) for filing (Chec.	k proper	box)		C\1-	Transport	ar af.	
	New Well				•	Trunsport	1	a
	Recompletion				OII	}_	i	ry G
	Change in Ownership				Casinghe	ad Gas		onde
H.	DESCRIPTION OF WI	ELL A	ND L	EA	SE Well No	Pool Nam	e. Includ	ing
	Lease Name				Well 1401			
	State CH					Twin !	Lakes	<u> 58</u>
	Location							
	Unit Letter	;	<b>7</b> GF:		_Feet Fro	m The <u>S</u>	outh_	L
	Line of Section 3	6	Town	nship	<u> </u>	outh	Range	<b>→</b> 2
III.	DESIGNATION OF TI	RANSF	ORT	ER	OF OIL	AND NA	TURA	L G
	Name of Authorized Trans	sporter o	of O11		or C	Condensate		
	Per	nian	Cor	302	acton	er in anneastantina	and the state of t	igani gairen
	Name of Authorized Trans	sporter c	of Cast	nghe	ead Gas [	] or Dry	Gas	ר
		Jone					10	
	If well produces oil or liq	uids,		Uni	L	سمأتي	 	e.
	If this production is con	mingle	d wit	tha		ny other le		pool
IV	. COMPLETION DATA							
	Designate Type of		letio	n —		Oil Well	Gas W	/ell
	Date Spudded			Dat	e Compl.	Ready to P	rod.	
	Elevations (DF, RKB, R7	, GR, e	tc.)	Nar	ne of Proc	lucing Form	ation	

(Title)

Harris April (Date)

## CONSERVATION COMMISSION FOR ALLOWABLE

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

FILE					AND		Litective 1-1-0		
u.s.g.s.		ļ'		AUTHORIZATION TO TRAN	ISPORT OIL AND	NATURAL G	ASRECEI	VED	
AND OFFICE	-	<del> </del>					<b>F.G.</b>		
RANSPORTER	GAS	<del>                                     </del>					APR 7	1969	
PERATOR	GAS	2-					APR /	1300	
PROPATION OF	EICE	1						C	
perator		<u></u>	L				ARTESIA,	DFFICE	
			H	. H. SHERMAY					
ddress						0.01			
			Ĺ	. 0. Box 1582, Roswell, B		20 <b>1</b> —————			
eason(s) for filing	(Check	proper	box)		Other (Pleas	e explain)			
ew Well				Change in Transporter of:					
ecompletion				Oil Dry Gas					
hange in Ownershi	<u> </u>			Casinghead Gas Condens	ate				
change of owners	shin giy	re nai	ne.			3 1 . 0	Holla M. my	8824	
d address of pre-				Cities Service Oil Co	papany	207 69	rease 11.1104	, 00 - 1	
				T D A C D					
ESCRIPTION C	of Wei	<u> LLA</u>	ND :	Well No. Pool Name, Including For	rmation	Kind of Lease		Lease No	
	_ CF7			1 Twin Lakes San	Aseres	State, Federal	<del>\$\$</del>	00/4681	
State	3 Ust.			المعطور في مهاده المعالمية المدالية الأنافية المدالية المدالية	And the Control of th			15-671	
i			<b></b> 25.00	Feet From The South Line	and AAAA	Feet From T	he <u>Vest</u>		
Unit Letter	-	_ ;	<u> 3 M z</u>	Feet From The Shifting Line					
Line of Section	36		Tov	waship South Range 23	Cast , NMP	м, (	Chaves	Count	
ESIGNATION C	of TR	ANSI	OR	TER OF OIL AND NATURAL GAS	3		a della desercia	to be sent!	
Name of Authorized	Transp	orter o	of Oil	or Condensate	Address (Give address	to which approt	ed copy of this form is	to de sent)	
	Perm	īan	Cox	TOTACION	344 9 General 914 9 gen	mielane,	lexas	40.50.00=1	
vame of Authorized	Transp	orter	of Ca	singhead Gas or Dry Gas	Address (Give address	to which approi	ed copy of this form is	to be sem,	
		one.			Is gas actually connec	ted? Whe	<u> </u>		
f well produces oil	or liqui	ds,		Unit Sec. Twp. Rge.		lear   I	·••		
give location of tar					and the second s				
		iingl€	ed wi	th that from any other lease or pool, g	give commingling ord	er number:			
COMPLETION I	DATA			Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res	
Designate Ty	pe of (	Comp	leti	on $-(X)$		!		1	
Date Spudded				Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
- · · ·									
Elevations (DF, RI	KB, RT,	GR, e	tc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
						<u> </u>			
Perforations							Depth Casing Shoe		
				TUBING, CASING, AND	DEPTH		SACKS CE	MENT	
HOL!	ESIZE			CASING & TUBING SIZE	DEPTH	<u> </u>	3,0,0,0,0		
							<del></del>		
			200 5	TOP AT YOUADIE (Tank must be as	fter recovery of total w	lume of load oil	and must be equal to or	exceed top al	
rest data an oil well	ND RE	SOF:	51 F	FOR ALLOWABLE (Test must be as able for this de	pth or be for full 24 ho	urs)			
Date First New OI	l Run To	Tanl	3	Date of Test	Producing Method (F	low, pump, gas l	ft, etc.)		
							\		
Length of Test				Tubing Pressure	Casing Pressure		Choke Size		
							Gas-MCF		
Actual Prod. Durir	ıg Test			Oil-Bbls.	Water - Bbls.		Gas-MCF		
							<u> </u>		
GAS WELL					Bbls. Condensate/Mi	ACE.	Gravity of Condensa	te .	
Actual Prod. Test	-MCF/I	כ		Length of Test	Duta. Condensate/Mi	7.01			
	<del> </del>				Casing Pressure (Sh	ut-in )	Choke Size		
Testing Method (p	itot, bac	:k pr.,	)	Tubing Pressure (shut-in)	Cdaind Pressure ( Bt	,			
						CONCEDI	A TION COMMERCI	ON.	
CERTIFICATE	OF C	OMP:	LIA	NCE	OIL		ATION COMMISSI	ON	
					APPROVED	APR Z	1969	., 19	
			11-4	regulations of the Oil Conservation	2.7	10 4	10000		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					THE ARM GAS INSPECTOR				
1/1/	1	<i>V_</i>		ning	This form is	to be filed in	compliance with RU	LE 1104.	
/V. [//	. A	20	-ر <sub>ند</sub>	ning	If this is a	equest for allo	wable for a newly dri anied by a tabulation	itted or deep	

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.