		·		
NO. OF COPIES RECEIVED 4				
DISTRIBUTION		NSERVATION COMMISSION	Form C-104	
SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110	
FILE /	REQUEST F	AND	Effective 1-1-65	
	ABTIODIZATION TO TO A	AND VSPORT OIL AND NATURAL G	**	
U.S.G.S.	AUTHURIZATION TO TRAN	NOTURI UIL AND NATURAL G		
LAND OFFICE				
TRANSPORTER GAS			RECEIVED	
OPERATOR 2				
PRORATION OFFICE			<u> </u>	
	J. CONOVER / Phon	A FAT FOR 2000		
Been Madden U.	J. CONOVER & Thom	ne 505-585-2080		
Address 1096 To	ULAROSA 8835	2		
	interna, New Mexico 2005		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:			
	Oil Dry Gas			
Recompletion XX	Casinghead Gas Condens	F		
Change in Ownership XX				
If change of ownership give name and address of previous owner Houston Oil & Minerals Corporation, Suite 242, The Main Building,				
•	1212 Main Street, Hous	ton, Texas 77002		
DESCRIPTION OF WELL AND L	EASE	rmation Kind of Lease	Lecse Nc.	
Lease Name	Well No. Pool Name, Including Fo		_	
J. M. Lewelling	1	State, Federal	or Fee 2800	
Location				
λ 66	0 Feet From The North Line	and 660 Feet From T	he West	
Unit Letter N; 00	- rectriom the the Line			
Line of Section 12 Tow	nship 12 South Bange 9	East , NMPM,	Otero County	
Line of Section 12 Tow	manip 12 JUULII Mange 9	Lagt ,		
		6		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)	
Name of Authorized Transporter of Oll	or Condensate	i maress (othe address to which appion		
None	· · · · · · · · · · · · · · · · · · ·	Address (Give address to which approv	ed cany of this form is to be centl	
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	: Address (Give address to which approv 	eu copy of this joint is to be senti	
None				
	Unit Sec. Twp. Ege.	Is gas actually connected? Whe	n	
If well produces oil or liquids, give location of tanks.		No		
		the section of the number:	None	
If this production is commingled with	h that from any other lease or pool, ;	give comminging order number.	None	
GOMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completio	$\mathbf{p} = (\mathbf{X})$			
	and the second s	Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.			
3-18-74	6-6-74	9358	8700	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
	WE MOTTON Them		8705	
Perforations	8000-16		Depth Casing Shoe	
8574-8610 11-holes 5140-70				
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13 5/8"	420'	290	
	9 5/8"	2485'	820	
8 1/2"	5 1/2"	8705'	1400	
· · · · · · · · · · · · · · · · · · ·	2 3/8" OD	8600'		
·			and must be equal to or exceed top allow-	
. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after secovery of total volume of load oil and must be equal to or exceed top allow-				
OIL WELL	able joi tino de	Producing Method (Flow, pump, gas li	ft, etc.)	
Date First New Cil Bun To Tanks	Date of Test			
		Cantag Drazavia	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure		
	/		Gas-MCF	
Actual Prod. During Test	CII-Bhis.	Water-Bbls.		
·//			7	
GAS HELL				
Actual Pred. Tege MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
138,38	2 hours	None		
Testing yeihod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	1250 psi		25/64	
back pr		OIL CONSERVA	ATION COMMISSION	
I. CERTIFICATE OF COMPLIAN	CE	UTE CONSERVI		
		FEB FEB	FEB 6 19/9 19	
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.		APPROVED		
		BY W. G. Gressett		
		SUPERVISOR DISTRICT II		
		TITLE		
		This form is to be filed in compliance with RULE 1104.		
[1] Con On Qr		and the second for allowable for a newly drilled or deepened		
1 XI MORE		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		
(Signature)		I tests taken on the well in accordance with RUCE 1111		
Vaner		All sections of this form must be filled out completely for allow-		
(Tiple)		able on new and recompleted wells.		
10 tales 1 1978		and the set of the stand the set of the set of the set of the stand the stand the set of		
well name or number, or transporter, or other such change of			rien of other aden change of the	
		Separate Forms C-104 must be filed for each pool in multiply		

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.