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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

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U.S.G.S.	AUTHORIZATION TO TR	ansport oil and natura	L GAS
LAND OFFICE	MAI	I'm C no in sa	
RANSPORTER GAS			
OPERATOR			
PRORATION OFFICE Operator			
Cities Service Oi	1 Co.		
Box 69 - Hobbs, N	ew Mexico 88240		
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:	Report Casing	head gas Transporter
Recompletion Charge in Ownership	Oil Dry G	ensate	
	Odolingiio ar Odo		
If change of ownership give name and address of previous owner			
DECORPORAL OF HELL AND	TEACE		
DESCRIPTION OF WELL AND Lease Name	Well Ma. Poat M	ame, Including Pormation	Kind of Lease
State AD	2 Mes	calero San Andres	State, Federal or Fee State
Location	- North	ine ami 660Peet Fr	ar ma East
Unit Letter ;330	O Feet From The North L	ne dni <u>doo</u> reet Fr	om rae
Line of Section 22 , To	ownship 10S Range	32E , NMPM, Le	a County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS	
Mame of Authorized Transporter of Ci	il 🗶 or Condensate 🗍	Address (Give address to which ap	oproved copy of this form is to be sent)
Magnolia Pipeline	geinghead Gas 😿 or Dry Gas 🔃	Box 900 - Dallas 21	proved copy of this form is to be sent)
Warren Petroleum		Box 1589 - Tulsa 2,	
' If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When
give location of tanks.	I 22 105 32E		3-8-66
If this production is commingled w COMPLETION DATA	with that from any other lease or pool	, give commingling order number:	
Designate Type of Complete	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Bate oparava			
Pco!	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		programme and the second control of the seco	
TINGE DATA AND REQUEST !	TOP ATTOWARTE Transmiss he	after recovery of total volume of load	oil and must be equal to or exceed top all
OH, WELL,		sepin or be for full 24 hours)	
	FOR ALLOWABLE (Test must be able for this capite of Test	after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, go	
OH, WELL,	able for this	sepin or be for full 24 hours)	
OH, WELL. Late First New Oil Hun To Tanks	Date of Test Tubing Pressure	Producing Method (Flow, pump, go Casing Pressure	Choke Size
OH, WELL. Late First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)
OH, WELL, Late Free New Cil Hun To Tanks Length of Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, go Casing Pressure	Choke Size
OH, WELL, Late Free New Cil Hun To Tanks Length of Test	Date of Test Tubing Pressure Oil-Bhis.	Producing Method (Flow, pump, go Casing Pressure Water-Bbls.	Choke Size Gau-War
OH, WELL, Late There New Cli Hun To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, go Casing Pressure	Choke Size
OH, WELL, Late There New Cill Hun To Tanks Length of Test Actual Prod. During Test GAS WELL	Date of Test Tubing Pressure Oil-Bhis.	Producing Method (Flow, pump, go Casing Pressure Water-Bbls.	Choke Size
CAS WELL Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Date of Test Tubing Pressure Oil-Bhis. Length of Test	Producing Method (Flow, pump, go Casing Pressure Water-Bbis. Bbis. Condensate/MMCF	Choke Size Gas=MOF Gravity of Condensate
CAS WELL Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Date of Test Tubing Pressure Oil-Bhis. Length of Test Tubing Pressure	Producing Method (Flow, pump, go Casing Pressure Water-Bbis. Bbis. Condensate/MMCF Casing Pressure	Choke Size Gas-MOF Gravity of Condensate
CERTIFICATE OF COMPLIA	Date of Test Tubing Pressure Oil-Bhis. Length of Test Tubing Pressure	Producing Method (Flow, pump, go Casing Pressure Water-Bbis. Bbis. Condensate/MMCF Casing Pressure	Choke Size Gravity of Condensate Choke Size

VI.

2 - 4	
2 King Jan	
(Signature)	

(Title)

District Clerk

3-11-66

(Date)

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 Sections I, II, III, and VI only 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.