	NO. OF COPIES RECEIVED					
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	SANTA FE	NEW MEXICO OIL	CONSERVAT			
			T FOR ALLO			
	FILE		AND			
	U.S.G.S.	AUTHORIZATION TO TI				
	LAND OFFICE	7.5 11.5 (1.2 / 1.5 / 1.5 / 1.5 / 1.5 / 1.5	CANSPORT			
	TRANSPORTER OIL GAS					
	OPERATOR					
	33001010					
I	Operator					
	Address STM Pipe & Suppl	y, Inc.				
	Reason(s) for filing (Check proper bo	80, Midland, Texas 797	01			
		ox)	Oti			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry (Gas			
	Change in Ownership	Casinghead Gas Cond	ensate			
	If change of ownership give name and address of previous owner	Texaco, Inc. F. O. Bo	× 728 Но			
ŧI.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Fool Name, Including	Firmation			
	Northeast Caprock Ques	en Unit 1 Caprock Ques	≥n			
	Unit Letter;;	Feet From The Wast Li	ne and 1650			
	Line of Section 16 To	ownship 12 S Range	.32E			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G. or Condensate	Address (Give			
	!	···				
	Name of Authorized Transporter of Ca	e Line Co. singhead Gas or Dry Gas	Address (Give			
	none					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actuall			
	If this production is a serviced of a t	P 16 12 S 32 E	non			
IV.	If this production is commingled with that from any other lease or pool, give commingled COMPLETION DATA					
		Oil Well Gas Well	New Well V			
	Designate Type of Completic	on - (X)	Hew Hell			
	Date Spudded		ļ			
	wp meddd	Date Compl. Ready to Prod.	Total Depth			
F	Flourity (DE 200					
1	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas F			
1			İ			
	Perforations					
	TUBING, CASING, AND CEMENTING					
	HOLE SIZE	CASING & TUBING SIZE	DI			
			1			
-			ļ			
-						
-						
٠.			<u> </u>			
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	ter recovery of t			
-	OIL WELL	able for this de	oth or be for full			
	Date First New Oil Run To Tanks	Date of Test	Producing Meth			
_						
	Length of Test	Tubing Pressure	Casing Pressur			
	İ					
-	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.			
	1					
٠						
,	DAC WELL					
_	ASWELL					
- 1	Actual Prod. Test-MCF/D	1 ength of Test	D11 0 .			

TION COMMISSION

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

U.S.G.S.	AUTHORIZATION TO T	ANU	cuedité [-]	:-65
LAND OFFICE	ASTROKIZATION TO I	RANSPORT OIL AND NATUR	PAL GAS	
TRANSPORTER OIL	4			
OPERATOR GAS	+			
PRORATION OFFICE	 			
Operator				
Address STM Pipe & Sup	ply, Inc.			
Reason(s) for filing (Check prope	y 80, Midland, Texas 79	701		
New Well	Change in Transporter of:	Other (Please explain))	
Recompletion		Gas	•	
Change in Ownership	Casinghead Gas Con	densate 📑		
If change of ownership give nar and address of previous owner	me Townson Town D. C. D.			
		ox 728 Hobbs, New Mer	rico 88240	
DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	F. (matten		
Northeast Caprock Ou	i l	}	adam) S-	Lease No
Location		220	State	E6927
Unit Letter I ; 5	Feet From The Wast	ine and 1650 Feet F	rom The South	
Line of Section 16	Township 12 S Range	32E , NMPM, To		0 .
DESIGNATION OF TRANSP				County
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G	Address (Give address to which a	inproved convertable for	
Texas - New Mexico P	ine Line Co.	P. O. Box 1510 - M		
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is	970] to be sent)
If well produces all as liquid	Unit Sec. Twp. P.ge.	Is an actually		
If well produces oil or liquids, give location of tanks.		Is gas actually connected?	When	
If this production is commingled COMPLETION DATA	with that from any other lease or pool			1
Designate Type of Comple	etion - (X)	New Well Workover Deepen	Plug Back Same Res	'v. Diff. Res'v
Date Spudded				!
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, esc	., Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			·	
			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	ENT
				
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this d.	after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or e	sceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)	
Length of Test	Tubing Pressure			
	rubing Pressure	Casing Pressure	Chcke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
SAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)				
esting Method (pitot, oack pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choice Size	
ERTIFICATE OF COMPLIA	NCE	OII CONSERV	VATION COMMISSION	
ommission have been complied	regulations of the Oil Conservation, with and that the information gives	APPROVED N.A. 19 BY Orig Signed by Joe D. Ramey TITLE Dist. I, Supv.		
pove is true and complete to the	he best of my knowledge and best of			
1. 1	21	This form is to be filed in	•	1104
JK NUL	lease	If this is a request for all	owable for a newly drilled	or deepened
// (Sia	gature)	well, this form must be accom-	panied by a tabulation of	the deviation

VI. C

Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and \mathbb{R}^{n+1}
M. William
(Signgture)
2/29/72
(Date)

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.

FEIT VED

Nam. 11.72

OIL CONSELMATOR COMM. HOBES, N. M.