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DISTRIBUTION	NEW MEXICO OU. CO	01/5557/47/01/00/11/10/5	_	
SANTA FE		ONSERVATION COMMISSION Form C-104 FOR ALLOWABLE Supersedes Old C-104 and C-1		
	4 KEQUESI I	Effective 1-1-65		
FILE	-	AND		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	SAS	
LAND OFFICE	4			
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To 000	· P. P.		ļ	
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1 103/1	- 10 8			
Reason(s) for filing (Check proper box	makana Jeja	Other (Please explain)		
· · · · · · · · · · · · · · · · · · ·		Officer (Frease explain)		
New Well	Change in Transporter of:		·	
Recompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Conden	sate be-entry		
f change of ownership give name				
nd address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
rease traine) 2 - 5 2) 4	State, Federa	<i>*</i>	
Jack Myarkhar	w L Brugh	Difficulty of the Long Long Long Land		
Location	_			
Unit Letter P ; 66	O Feet From The Hace DLine	e and 660 Feet From	The east	
Line of Section // To	waship 9-5 Range 3	5- E , NMPM,	- Lea County	
,				
TESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of Oi		Address (Give address to which approx	ved copy of this form is to be sent)	
6- 1: 1-0-2		1 /		
Mobil Pepeline	6. vea truebel	Box) 1073 AlL Sh. Address (Give address to which approx	and some of this form is to be some)	
Name of Authorized Transporter of Co	singhead Gas or Dry Gas	Address (Office dataless to which appro-	ped copy of this form is to be sent;	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en .	
give location of tanks.	10 11/19-S 135-E	has	enoklinte)	
	ith that from any other lease or pool,			
f this production is commingled with COMPLETION DATA	ith that from any other lease or poor,	give comminging order number.		
	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi	on $-(X)$ \times	;		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		9668	9662	
ichnfencen) Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Name of Producing Pormution		Tubing Depth	
4140 DF	Burgh C	reing sign + member		
Perforations	Spo	reing sign + member	Depth Casing Shoe	
7645 - 9	9654 enterval of a	(Dunkunum)		
		· /		
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET		
172	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	375	
17 2 12 4	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET 383 5000,	375 3595	
172	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	375	
172 124 834	TUBING, CASING, AND CASING & TUBING SIZE 13 7 9 5	DEPTH SET 383 5000 9664	375 3595 1425	
172 124 834	TUBING, CASING, AND CASING & TUBING SIZE 13 7 9 5 7 FOR ALLOWABLE (Test must be a)	DEPTH SET 383 5000 9664 fter recovery of total volume of load oil	375 3595	
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フランタ フランタ TEST DATA AND REQUEST F OIL WELL	TUBING, CASING, AND CASING & TUBING SIZE /3 /9 /9 /7 FOR ALLOWABLE (Test must be a) able for this de	DEPTH SET 383 5000 9664 fter recovery of total volume of load oil	375 359.5 1425 and must be equal to or exceed top allow-	
17 ½ 12 ½ P 3 TEST DATA AND REQUEST F OIL WELL Date First New Oil Run To Tanks	TUBING, CASING, AND CASING & TUBING SIZE /3 /9 /9 /7 FOR ALLOWABLE (Test must be a) able for this de	DEPTH SET 383 5000, 9664 fter recovery of total volume of load oil peth or be for full 24 hours) Producing Method (Flow, pump, gas li	375 359.5 1425 and must be equal to or exceed top allow- ft, etc.)	
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TEST DATA AND REQUEST FOIL. WELL Date First New Oil Run To Tanks 12-16-69 Length of Test 24 Rours Actual Prod. During Test	TUBING, CASING, AND CASING & TUBING SIZE 13 9 9 7 FOR ALLOWABLE (Test must be a) able for this de Date of Test 12 16-6 Tubing Pressure Oil-Bbls.	DEPTH SET 383 5000 9664 fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas linguage Casing Pressure) Water-Bbls.	375 359.5 1425 and must be equal to or exceed top allow- ft, etc.) Choke Size Gas-MCF	
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TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks 2 - 6 - 6 9 Length of Test 2 4 hours Actual Prod. During Test 336 GAS WELL	TUBING, CASING, AND CASING & TUBING SIZE /3 /3 /2 /3 /6 FOR ALLOWABLE Date of Test /2 Tubing Pressure Oil-Bbls. 278	DEPTH SET 383 5000, 9664 Ster recovery of total volume of load oil peth or be for full 24 hours) Producing Method (Flow, pump, gas ling) Casing Pressure Water-Bbls. 1058	375 359.5 1425 and must be equal to or exceed top allow- ft, etc.) Choke Size Gas-MCF 325	
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TEST DATA AND REQUEST FOIL. WELL Date First New Oil Run To Tanks 12-16-69 Length of Test 24 Rours Actual Prod. During Test 1336 GAS WELL Actual Prod. Test-MCF/D	TUBING, CASING, AND CASING & TUBING SIZE /3 /3 /2 /2 /7 FOR ALLOWABLE (Test must be a able for this de Date of Test /2-/6-69 Tubing Pressure Oil-Bbls. 278	DEPTH SET 383 5000, 9664 Ifter recovery of total volume of load oil pith or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bbls. 1058 Bbls. Condensate/MMCF	375 359.5 1425 and must be equal to or exceed top allow- ft, etc.) Choke Size Gas-MCF 325	
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TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks 12-16-69 Length of Test 24 hours Actual Prod. During Test 1336 GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	TUBING, CASING, AND CASING & TUBING SIZE /3 /3 /4 /2 /5 FOR ALLOWABLE (Test must be a able for this de Date of Test /2-/6-69 Tubing Pressure Oil-Bbls. 278 Length of Test Tubing Pressure(Shut-in)	DEPTH SET 383 5000 9664 fter recovery of total volume of load oil peth or be for full 24 hours) Producing Method (Flow, pump, gas life to be for full 24 hours) Casing Pressure Water-Bbls. 1058 Bbls. Condensate/MMCF Casing Pressure (Shut-in)	375 359.5 1425 and must be equal to or exceed top allow- ft, etc.) Choke Size Gas-MCF S 25 Gravity of Condensate Choke Size	
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(Title) (Date)

All sections of this form must be filled out completely for sllowsble 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