OPIES RECE			
TRIBUTION			
FE			
5.			
OFFICE			
SPORTER	OIL		L
	GAS		
ATOR		T	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

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

	A	ND THE THE	_
5.	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL G	% S
OFFICE			
OIL			
ISPORTER GAS			
RATOR			
RATION OFFICE			
ator		•	
	2 P ()		
- Jenneo Vin			1
ress	· 12 D Felad:	79701	
Dod 1031 1166	der of sens	Other (Please explain)	
ason(s) for filing (Check proper box)	Change in Transporter of:		
ew Well	Oil Dry Gas		
ecompletion	Casinghead Gas Condensa	te De - entre	
hange in Ownership	Casinghead Gas	- No and	
change of ownership give name		•	
d address of previous owner			
ESCRIPTION OF WELL AND L	Well No. Pool Name, Including Form	nation Kind of Lease	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ease Name	1 3		1 or Fee factive (0558135
David Mederale	2 Burg D Farme	12mm	
ocation	/ ~	// 0	-, b) +
D : 66	O_Feet From The Marth Line	and 660 Feet From	The MORAL
Unit Letter;;	_	· · · · · · · · · · · · · · · · · · ·	County
Line of Section / P Town	aship 9-5 Range 36	E. , NMPM,	fla
SECTION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	used conv of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	7 = 12 /
L 0.0-12	() (many	Address (Give address to which appro	Jefor (5 the sent)
Name of Authorized Transporter of Cas	inghead Gas or Dry &as	Address (Give address to which appro	over copy of this form is to be temp
Name of Authorized Transport	<i>(</i> 2)	Bak 1589 Juli	(a)
warren Patie	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen
If well produces oil or liquids,	0 0 0 0	yes)	10-20-69
give location of tanks.		in the order number:	
f this production is commingled wit	h that from any other lease or pool, g	give comminging order number.	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
· · · · · · · · · · · · · · · · · · ·	On wen		
Designate Type of Completion	M = (11)	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	-	9720
· · ·	12/12/50	9770	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	9567
4/09 DF	Burgh C		Depth Casing Shoe
			Depth Gusting Biles
perforations	44454647585960	6162,63,64,65	
14 Intia 1 35PF 7646, 43,	TUBING, CASING, AND	CÉMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	132	376'	450 24
175	P 5 P ''	42/3'	2/00 /2
12 4	5 12.11	9762	225 440
7 %	3 2.1	/	
		to a state of land of land of	il and must be equal to or exceed top allo
TEST DATA AND REQUEST F	OR ALLOWABLE (Test multiple apple for this de	inth of De for full 24 nous	
OIL WELL		Producing Method (Flow, pump, gas	lift, ett.)
Date First New Oil Run To Tanks	Date of Test		
10-20-69 Length of Test	10-20-69 Tubing Pressure	Casing Pressure	Choke Size
I ength of Test	Tubing Pressure	Casing Pressure	
Lang o			Ggs-MCF
Actual Prod. During Test	Oil-Bbls.	Water Bbls.	
	2/8	X200	145
1418			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Faudin at 1 and		
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	I fibrud Lianama Came-ru		
		O OH CONSED	VATION COMMISSION
. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	7731
			, 19
a a light and a the auton one	d regulations of the Oil Conservation	APPROVED	
I hereby certify that the fules and			Marcy
	with and that the information given		
above is true and complete to t	with and that the information given he best of my knowledge and belief.	BY_	. /
above is true and complete to t	with and that the information given he best of my knowledge and belief.	BY	
above is true and complete to t	with and that the information given he best of my knowledge and belief.	TITLE	In compliance with Bill F 1104.
above is true and complete to t	he best of my knowledge and belief.	This form is to be filed	in compliance with RULE 1104.
above is true and complete to t	he best of my knowledge and belief.	This form is to be filed If this is a request for a	illowable for a newly drilled of deep
above is true and complete to	he best of my knowledge and belief.	This form is to be filed If this is a request for a well, this form must be acco	Mowable for a newly drilled of deep- mpanied by a tabulation of the devie coordance with RULE 111.
above is true and complete to	he best of my knowledge and belief.	This form is to be filed If this is a request for a well, this form must be accosteats taken on the well in a	Mowable for a newly drilled of deepe mpanied by a tabulation of the devia ccordance with RULE 111. must be filled out completely for al
above is true and complete to the state of t	he best of my knowledge and belief.	This form is to be filed If this is a request for a well, this form must be accost taken on the well in a All sections of this form	Mowable for a newly drilled of deepe mpanied by a tabulation of the devia ccordance with RULE 111.

October (Date)

multind Englisher Alma helisand heren to me this 21 at day of Ostila, 1969 C. I Thefall my know halps), The stand and trud and some the the feet of 5656 0656 63 HJ 2568 TE98 08118 0788 5808 0191 02112 0906 0019 1/2/ 07179 7 7 6165 1/2 T 1869 2385 (mgs () Carps of

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