1.	ND. OF LOPITS MICTIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE I RANSPORTER OIL GAS OPEFILTOR PROBATION OF FICE Operator	AUTHORIZATION TO TRA	ONSERVATION COM JION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C+104 and C+11 Effective 1-1-65 _ GAS	
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership X	nd, TX 79702 Change in Transporter of: Cil Dry Gas Caninghead Gas Conden:	sole		
II.	DESCRIPTION OF WELL AND I Lease Name Southern Minerals State	Gas Producing Enterprise	rmation Kind of Le DO State, Fed	leral or Fee State QG-494	
111.	Line of Section 16 Tow DESIGNATION OF TRANSPORT Nome of Authorized Transporter of Cil Mobil Pipe Line Co. Nome of Authorized Transporter of Cas Cities Service Co.	Y or Condensate	S Address (Give address to which ap <u>P.O. Box 900, Dall</u> Address (Give address to which ap P.O. Box 300, Tuls	proved copy of this form is to be sent) a. OK 74102	
IV.	If well produces oil or liquids, give location of tunks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded	Oil Well Gas Well	Yes	N/A Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth	
	Elovations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation		Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT	
<b>v</b> .	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Bun To Tanks	DR ALLOWABLE (Test must be af able for this de Date of Test	ier recovery of scial volume of load oth or be for full 24 hours) Producing Method (Flow, pump, ga		
	Length of Test Actual Prod. During Test	Tubing Pressure Cil-Bble.	Cosing Freseure Water-Bbls.	Choke Size Gas-MCF	
	GAS WELL Contraction of Contraction				
	Actual Frod. Teel-MCF/D	Length of Test	Dble. Condenisate/MMCF	Gravity of Condensate	
	Testing histhad (pitol, back pr.)	Tubing Freeswe (Shnt-in)	Cosing Freesure (Shut-In)	Choke Size	
V1.	CERTIFICATE OF COMPLIANO	CE			
	I hereby certify that the rules end 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 23 1980 19		
			BYOrig. Signed by John Runyan		
	MH Williamson (Signature) District Administrative Supervisor (Title) June 12, 1980 (Date)		TITLE <u>Geologist</u> This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despene- 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 allow able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of owner well name or number, or transporter or other such change of condition Separate Forms C-104 must be filled for each pool in multiple completed wells.		

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	DISTRIBUTION	NEW MEXICO OIL CON REQUEST F	ISERVATION COMMISSION	Form C+104 Supersedes Old C+104 and C+11 Effective 1+1+65				
ŀ	FILE U.S.G.S.		AND SPORT OIL AND NATURAL GAS					
[	LAND OFFICE							
	IRANSPORTER GAS	•						
1.	PRORATION OFFICE							
	Gas Producing Enterprises, Inc.							
	Address P.O. Box 235, Midland, Texas 79702 Other (Please explain)							
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Uner (Prease explain)					
	Recompletion	Cil Dry Gas Casinghead Gas Condens						
	Change in Ownership X		ncing Co., P.O. Box 235, M	fidland. Texas 79702				
	and address of previous owner	Coastal States Gas Produ	ICHINE (0,, F.O. DOX 200, 1	······································				
11.	DESCRIPTION OF WELL AND LI	Vell No. Poel Name, Including For	mation Kind of Lease State, Federal or	For State OG-494				
	Southern Minerals State	1 Flying 'M' Abo	Sidie, Found of	F•• State 0G-494				
	Unit Letter J ; 2307.	5_Feet From The South Line	and 1661.9 Feet From The	East				
	Line of Section 16 Town	ship 9S Range 3	3E , NMPM, Lea	County				
	DESIGNATION OF TRANSPORTI	R OF OIL AND NATURAL GAS	Address (Give address to which approved	norm of this form is to be sentl				
ЪŬ.	Norie of Authorized Transporter of Oli X Mobil Pipe Line Co.		Address (Give address to which approved P.O. Box 900, Dallas, Ter Address (Give address to which approved	xas 75221				
•	None of Authorized Transporter of Casir	nghead Gas 🔀 or Dry Gas 🛄	Address (Give address to which approved P.O. Box 300, Tulsa, OK	74102				
	Cities Service Co.	Unit Sec. Twp. Pge.	Is gas actually connected? When	0-13-67				
	give location of tarks. If this production is commingled with	J 16 9S 33E	<u>1es</u>	N/A				
IV	If this production is commingled with . <u>COMPLETION DATA</u>	Oil Well Gas Well	New Well Workover Deepen F	Dlug Back   Same Res'v. Diff. Ros'v				
	Designate Type of Completion	- (X) Date Compl. Ready to Prod.	Total Depth F	P.B.T.D.				
	Date Spuaded			Fubing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Depth Casing Shoe				
	Perforations							
		TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE						
		DATTOWARTE (Test must be al	ter recovery of total volume of load oil and	d must be equal to or exceed top allo				
V	able for this depth or be for juit 24 hours, OIT WELL							
	Date First New Oil Run To Tanks			Choke Size				
	Longth of Test	Tubing Pressure		Gas - MCF				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate				
	Testing Method (pitol, back pr.)	Tubing Pressure (shut-in)	Casing Presews (Shut-in)	Choke Size				
v	I. CERTIFICATE OF COMPLIANC	CE						
•	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 JAN 7 198					
			BY Signed by Jerry Sexton					
-			TITLE Dist 1. Dur					
•			This form is to be filed in co If this is a request for sllows					
	MH Whilliamson (Signature)		well, this form must be accompanied by our AULE 111. tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allo able on new and recompleted wells.					
	District Administrative Supervisor							
	1/2/80_(Dute)			be filed for each pool in sould				