	NO. OF COMIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL CO		Form C-104	
	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE U.S.G.S.		AND NSPORT OIL AND NATURAL GA	c	
	LAND OFFICE	AUTHORIZATION TO TRA	NSFORT OIL AND NATURAL GA	5	
	IRANSPORTER OIL				
	GAS				
I.	OPERATOR PRORATION OFFICE				
1.	Cperator				
	Address Western Equipment Company				
	P. O. Box 5457 Midland, TX 79701				
	Reason(s) for filing (Check proper box, Other (Please explain) This form filed to show				
	New Well Change in Transporter of: change of ownership - well to be P&A -				
	Recompletion Oi: Dry Gas   Change in Ownership, X Casinghead Gas Condensate				
	If change of ownership give name The Louisiana Land & Exploration Company 1605 Whee Bldg.				
	Midland, TX 79701				
п.	DESCRIPTION OF WELL AND I	Well No. Pool Name, including Fo		Lease No.	
	State	2 Inbe Permo	Penn State, Føderal o	or Fee State E-7324	
	Location 660 Fourth 1080 Fourt				
	Unit Letter 0; 660 Feet From The SOUTH Line and 1980 Feet From The East				
	Line of Section 14 Tow	nship 10-S Range 30	<u>3-Е , NMP и, </u>	Lea County	
III.	DESIGNATION OF TRANSPORT	El: OF OIL AND NATURAL GA	<b>S</b> Addtess (Give address to which approve	d copy of this form is to be sent)	
	Amoco Pipeline (	lompany	3411 Knoxville L	ubbock, TX	
	Name of Authorized Transporter of Cas		Address Give address to which approve		
	Warren Petroleur	n Corporation	P. O. Box 1589 Tu	<u>lsa, OK 74102</u>	
	I If well produces oil or liquids.	P 14 10-S 33-E	No		
	If this production is commingled wit	h that from any other lease or pool,	give commingling ord er number:		
IV.	COMPLETION DATA	Oil Well Gas Well		Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio				
	Date Spuddea	Date Compl. Ready to Prod.	Total Depth	P.B.M.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!'./Gas Pay	Tubing Depth	
	Perforations Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		•••••			
		· · · · · · · · · · · · · · · · · · ·			
<b>v</b> .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
	OIL WELL Date First New Oil Run To Tanks	OIL WELL able for this depth or de for full 24 hours)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prog. During Test	O(1-3).s.	Water-Bble.	Gas - MCF	
	Actual From, Daning Foot				
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prodest-MCr/J	ençin or .eat			
	Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		· · · · · · · · · · · · · · · · · · ·			
VI	. CERTIFICATE OF COMPLIANS	CE	OIL CONSERVA	TION COMM.SSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED UEC 27 1971		
	Commission have been complete to the best of my knowledge and belief.		Orig. Signed by		
	*		Dist I Starrey		
	1				
	A H. Bern		This form is to be filed in compliance with AULE 1990. If this is a request for allowable for a newly set a second		
	( 'Standare)		If this is a request for dirowable for a how, so the cooperiod well, this form must be accompanied by a tabulan the coviation tests taken on the well in accordance with R. All sections of this form must be filled out conficulty for allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,		
	Geologist				
	12-21-71				
	12-21-71 (Date)		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.		
			•• •		