ſ	NO. OF COPIES RECEIVED	٦	
}	DISTRIBUTION	1	
}	SANTA FE	NEW MEXICO OIL CO	
	FILE	REQUEST	
ŀ	U.S.G.S.	-	Δ
}	LAND OFFICE	AUTHORIZATION TO TRA	N5
}		- -	
	TRANSPORTER OIL		
	GAS		
	OPERATOR		
1.	PRORATION OFFICE		
	Operator	- T	
		FI no	
	Address		
Ī	Reason(s) for filing (Check proper box	()	
	New We!I	Change in Transporter of:	
	Recompletion	Oil Dry Ga	s
	Change in Ownership	Casinghead Gas Conden	sat
	If change of ownership give name and address of previous owner	LEASE	
	Lease Name	Well No. Pool Name, Including Fo	orm)
	Location		
	Unit Letter	Feet From TheLin	e a
	Ont Better		-
	Line of Section i . To	winship 1 - Range 3	
	Name of Authorized Transporter of Constarten Petroleum Constitution of the Petroleum Constitution of the C	_	À
	If this production is commingled w	ith that from any other lease or pool,	giv
IV.	COMPLETION DATA	Oil Well Gas Well	M
	Designate Type of Completi		
		Date Compl. Ready to Prod.	+_
	Date Spudded	Date Compi. Reday to Pica.	
	(DE DVO DE D		-
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	
			1
	Perforations		
		TUBING, CASING, AND) C
	HOLE SIZE	CASING & TUBING SIZE	1
			GAS A A A A A A
V.	TEST DATA AND REQUEST FOIL WELL	able for this de	fter
V.		FOR ALLOWABLE (Test must be a able for this de	fter
V.	OIL WELL Date First New Oil Run To Tanks	able for this de	fter epth F
v.	OIL WELL	able for this de	fter
v.	OIL WELL Date First New Oil Run To Tanks	Date of Test Tubing Pressure	fter epth F
v.	OIL WELL Date First New Oil Run To Tanks	able for this de	fter epth F
V.	Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressure	fter epth F
V.	Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressure	fter epth F
V.	Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressure	fter epth F
V .	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	fter epth F
V.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	Date of Test Tubing Pressure Oil-Bbls.	fter epth F
V.	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	Date of Test Tubing Pressure Oil-Bbls.	fter epth F

DISTRIBUTION SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		
FILE	REQUEST	REQUEST FOR ALLOWABLE Su, AND		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (SAS	
LAND OFFICE	ROTTORIZATION TO TRA	NO ON TOTE AND NATORAL (
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator	al I no			
Address		1		
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil To Dry Gas	s		
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND Decrease Name	Wel: No. Pool Name, including Fo	ormation Kind of Leas	e Lease No.	
· · · · · · · · · · · · · · · · · · ·	11 NC F(11/16	el.) - 1402 State, Feder.	at or Fee	
Location	Feet From TheLin	o and	~~he	
Unit Letter;;	Feet From The Line	e und r eet rom	" HE	
Line of Section . Tov	vnship 1 - Range 3	, NMPM,	County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s		
Name of Authorized Transporter of CI:	or Condensate	Address (Give address to which appro		
Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address Give address to which appro	oved copy of this form is to be sent)	
warren Petroleum Co.				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	P. 1770 Tulsa, O. Is gas actually connected?	nen.	
give location of tanks.		Yes		
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completic	on = (X) Oll Well Gas Well	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, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUDING SASING AND	CENTURE RECORD		
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	<u> </u>	-		
		1		
TEST DATA AND REQUEST F		fter recovery of total volume of load oil	l and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	1			
GAS WELL		DNIs Conference AAACT	Complete of Condenses	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19	
Commission have been complied	with and that the information given e best of my knowledge and belief.	BY	112180-	
moore to time and complete to the	/			

VI.

_ ' /		
	(Signature)	
ing t		
	(Title)	

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.