NO. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THE ON ER	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-110

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	FILE		- KEQUE	AND	1. 0.	Effective 1-1-6	5
Control of Fice Cash Cash			AUTHODIZATION TO	AND CONTRACTOR	LATUDAL CA	•	
OPERATOR OPERATOR PROPATION OFFICE Other Oth			AUTHURIZATION TO I	KANSPURT UIL AND N	ALUKAL GAS	>	
TRANSPORTER GAS OPERATOR PROPATION OFFICE	LAND OT TICE			- KR 13 - 11	1 9 0	•	
OPERATOR PROPATION OFFICE Coperator Sam Boren ASS 353 Hidland, Texas Residi() for hill (Index Proper Box) New Well	TRANSPORTER	 	-				
PROPERTION OFFICE Coperation Sans Borean Rose 33 Milland, Taxas Recomplish of hing (Line & Poper Box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Well No. Cathage In Transporter of: Description of Well AND LEASE Lease Name Well No. Cathage State Lease Name Well No. Cathage State Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The Lease Line of Section g , Township 11S Range 33C , NMPM, Lea County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Cathage Completion Name of Authorized Transporter of Cathage Completion Name of Authorized Transporter of Oil Cathage Completion Name of Authorized Transporter of		GAS	4				
County C			_				
Change in Transporter of: Other (Please explain)		FICE					
Recompletion Oil Change in Transporter of: Change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Analysis State Lease Name Change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Analysis State Lease Name Change of ownership give name and address of previous owner North Bagley Lease Name Analysis State Lease Name Change of ownership give name and address of previous owner North Bagley Lease Name Analysis State Lease Name Change of ownership give name and address of previous owner North Bagley Lease Name Analysis State	Operator						
New Well Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate	Sam Boren						
Becompletion Change in Ownership It change of ownership give name and address of previous owner	Reason(s) for filing	dland, Taxa	3 \$	Other (Please	explain)		
Condensate Con	New Well		Change in Transporter of:				
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation - 3988 Kind of Lease State Location North Bagley Lower Penn State Location North Bagley Lower Penn State	Recompletion		Oil 👽 Dry	Gas	•		
DESCRIPTION OF WELL AND LEASE Description of Well And Lease Well No. Pool Name, Including Formation 2988 State, Federal or Fee State	Change in Ownershi	ip[Casinghead Gas Co	ndensate			
Lease Name Well No. Pool Name, Including Formation Foundary Foundar	and address of pre	vious owner					од
County C		OF WELL AND					
Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The Uest Line of Section 3 Township 115 Range 33F NMPM, Lea County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent) Sarvice Pipe Line Co Amoco Pipeline Co Name of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas Or Dry Gas	Lease Name		Well No. Pool	Name, Including Formation	3988		
Line of Section 8 Township 115		.e	1 -140	orth Bagley Lower	Penn	tate, Federal or Fee	State
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	Unit Letter K	;_1980	Feet From The South	Line and <u>1980</u>	· Feet From The	Vest	·
Name of Authorized Transporter of Oil Amoco Pipeline Col Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Addr	Line of Section	8 , To	wnship 115 Range	33E , NMPM,	Lea		County
Name of Authorized Transporter of Oil Amoco Pipeline Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Addr	DESIGNATION O	F TRANSPOR	TER OF OIL AND NATURAL	GAS			
Name of Producing Formation Name of Producing Formation Perforations Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Page 1589 Tules Oklahoma 74100 Box 1589 Tules Oklahoma 74100 If well produces oil or liquids, que location of tanks. Box 1589 Tules Oklahoma 74100 If well produces oil or liquids, que location of tanks. Box 1589 Tules Oklahoma 74100 If well produces oil or liquids, que location of tanks. Box 1589 Tules Oklahoma 74100 Soll Well Sage actually connected? When 3/1/68 3/1/68 Box 1589 Tules Oklahoma 74100 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD	Name of Authorized	Transporter of Oil	or Condensate		o which approved	copy of this form is to	be sent)
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Tubing Depth Tubing Depth Tubing Depth Tubing Depth Tubing Shoe	Sarvice Pir	ransporter of Ca	· · · · · · · · · · · · · · · · · · ·	Address (Give address to	Knowille	Ave. Lubpock	. Texas
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD			X 5.77 3.20				·
give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD	Warren Pet.	Corp.	1,,,,	Box 3	1589, Tulsa	. Oklahoma 74	100
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res' Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD			Unit Sec. Twp. Rge.				
Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Perforations Depth Casing Shoe	give location of tan	ks.	K 8 11S 33	F yes	3/.	1/68	
Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Perforations Depth Casing Shoe			th that from any other lease or po	ol, give commingling order	number:		
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD				New Well Workover	Deepen P	lug Back Same Res	v. Diff. Res'v.
Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P	P.B.T.D.	
TUBING, CASING, AND CEMENTING RECORD	Pool		Name of Producing Formation	Top Oil/Gas Pay	Т	'ubing Depth	
	Perforations				, D	epth Casing Shoe	
			THRING CASING	AND CEMENTING DECOR			
HOLE SIZE CASING & I DBING SIZE DEPTH SET SACKS CEMENT	110: 5						
	- HOLE	, 3145	CASING & TUBING SIZE	DEPIRSE	. 1	SACKS CEM	ENI

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Gas - MCF

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

TIT

VI. CERTIFICATE OF COMPLIANCE

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.

Agent

4/16/69

(Date)

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

A VIA

OIL CONSERVATION COMMISSION

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 Sections I, II, III, and VI only 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.