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	FILE								
	U.S.G.S.								
	LAND OFFICE	AND OFFICE							
	TRANSPORTER	OIL							
		GAS							
	OPERATOR								
1.	PRORATION OF								

II.

III.

IV.

NEW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE AND E 0. C. C.

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

0.3.0.3.			-	AUTHU	JRIZA	HON		MATOK!	JIL AND N	IATUKAL.	JAS .		
LAND OFFICE	,		_				THI LU	3 36	N 68				•
TRANSPORTER	OIL		_						99				
· · · · · · · · · · · · · · · · · · ·	GAS		_										
OPERATOR													
PRORATION OF	ICE									<u> </u>			
Operator													
Meaded	Prop	ertic	e Lt	d.									
Address	1 Reco	orts	കൗർ	Con St	nami o)on 76	2 Vahle	, New M				
Reason(s) for filing	(Check pr	oper bo	×)			-	700 TU	טטטעו פּכ	ther (Please	explain)			
New Well	T	ope. 00.		Change ir	Transr	norter of		`	,				
Recompletion	Ħ			Oil			Dry Ga						
-	Η					H	•	—					
Change in Ownership				Casinghe	aa Gas	<u> </u>	Conder	isate					
If change of owners													
and address of prev	nous ow	ner										-	
DESCRIPTION O	F WELI	L AND			Dool N	Imma In	aludina E		R-3455	Kind of Leas			I - zaz No
Lease Name				Well No.	NOVE	n Boy	ley-Le	ower ten	nsylvani	a n		. 1	Lease No.
Cabet Stat	te			2	Lind	or N	o. Ba	glay In	Penn	State, Feder	diorree	tate	00-1318
Location							`		270				
Unit Letter		. 6	60	Feet Fro	m The	Nort	h Lin	ie and	510	_ Feet From	The	ent	
					_								
Line of Section	A.C	Т	wnship	1.7	LS	R	ange	33 E	, NMPM,		ies		County
DESIGNATION O	F TRA	SPOR	TER (OF OIL	AND	NATII	RAT. GA	S					
Name of Authorized					ondenso		<u> </u>		ive address t	o which appro	ved copy of th	is form is to	be sent)
						_				4	*	. .	
Name of Authorized	Transpor	er of Co	singher	i V nd Gas =	- 0	Dry Gas	. []	Address (G	inervill	o which appre	ved copy of th	is form is to	be sent)
Name of Authorized	Transpor	ier or o	15 mgmec	ia das	<u>.</u>	D., Gu.	³ L	riddices (o		о солоти при		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Warren Po	trole	na Co						Box 1					
If well produces oil	or liquids	٠,	Unit	Sec	. Т	lwp.	Rge.	Is gas actu	ally connecte	ed?	ien		
give location of tank	s.		H	1	5	118	33E	Y	26	<u>_</u>			
If this production is	s commir	വിലർ യ	ith that	t from ar	v other		or pool.	give commi	ngling order	number:			
COMPLETION D.		igica w			.,		o. pool,	B-1.0 00					
		1			Oil Well	Go	rs Well	New Well	Workover	Deepen	Plug Back	Same Res'	v. Diff. Restv.
Designate Typ	pe of Co	mpleti	on — (, X)	¥	į		Y	1	į	į	1	!
Date Spudded		-	Date	Compl. F	Ready to	Prod.		Total Dept	h		P.B.T.D.		
W7/68		ν.		κΛ	6/68			10	282		10	245	
Elevations (DF, RK)	R. RT. CA	2 etc :	Name	e of Prodi	ucing F	ormation		Top Oil/Go			Tubing Dep		
1212.7 E		- 1	Lower Penn			9903		9850					
Perforations				TO MAR	2 WALL	*		77	<u> </u>		Depth Casi		
												-	
790	3-10		. —								10	275	
]	<u> TUBINO</u>	G, CASI	NG, AND	CEMENT	NG RECOR	<u>D</u>			
HOLE	SIZE			CASING	& TU	BING S	IZE		DEPTH SE	T	S	ACKS CEME	ENT
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11		·			o Ele	3			3800			500	
	la				37	3			10275			600	
7.7	10				4 4/	&		 				-000	
					2)/ ·	<u> </u>		<u>.</u>	9850	42. 1.1			
TEST DATA AND	D KEQU	EST	TUR A	LLUWA	BLE				full 24 hours		ana must be e	quat to or ex	ceed top allow
OIL WELL Date First New Oil	Bup To T	ank e	Date	of Test					Method (Flou		ift, etc.)		
	10 1				9011.	•					• •		
5/16/68			Trans.	5/17-		<u> </u>		Casing Pre	Flow		Choke Size		
Length of Test			'ubi	-				Casing Pie					
24 Hour				350/	<u> </u>			10-1	Pior		32/6/ Gas-MCF	4	
Actual Prod. During	Test		011-	Bbls.				Water - Bbl	5.		Gds - MCF		
474				332				1	1/2		548		
											~ ~ ~		
GAS WELL													
Actual Prod. Test-	MCF/D		Leng	th of Tes	st			Bbls. Cond	lensate/MMCI	7	Gravity of	Condensate	
Testing Method (pit	ot hack	17. J	Tubi	ng Press	ure / ex-	nt-in)		Casina Pre	ssure (Shut	-in)	Choke Size	,	
restruct Wetwood (bro	or, pack l	,	1 451	"A L!400.	(9t)			Com'y Fig		/			
								 					
CERTIFICATE (OF COM	PLIA	NCE						OIL (CONSERV	ATION CO	MMISSION	ı
								11	\sim				

VI.

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.

Worna Lolles (Signature)	
(Signature)	
Agent	
Agent. (Title)	
5/20/68 (Date)	
(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.