NO. OF COPIES REC	EIVED				
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SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
THANSI ON I ER	GAS				
OPERATOR					
PRORATION OF	ORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTAFE	REQUEST FOR ALLOWABLE				Supersedes Old C-104 and C-1	
	AND THE OF UPFOR				Effective 1-1-65		
	AUTHORIZATION TO TRANSPORT, DIL AND NATURAL GAS						
	LAND OFFICE						
	TRANSPORTER OIL	4			411 P.		
	OPERATOR GAS	_					
_	PRORATION OFFICE	_					
I.	Operator						
	Sam Bores						
	Address						
	Bux 450, Midland, Text	15					
	Reason(s) for filing (Check proper box			Other (Pleas	se explain)		
	New Well	Change	e in Transporter of:		,		
	Recompletion	Oil	Dry C	Gas [
	Change in Ownership	Casing	ghead Gas 🔲 Cond	ensate 🗍			
	70.1						
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE		× 0 (L. Carrier		
	Lease Name			ame, Including Formation		Kind of Lease	
				orth barley low	A PORT	State, Federal or Fee State	
	Location II IOS	184		· · · · · · · · · · · · · · · · · · ·	nnsylva	nian	
	Unit Letter;		From TheLi	680 R-3	' イガる Feet From	The	
	1400 06 000000	'	سة فال	\$1, 615 FE			
	Line of Section , To	wnship	Range	SGE , NMPI	M, Éste	County	
II.	DESIGNATION OF TRANSPOR	TER OF O					
	Name of Authorized Transporter of Oil	. Lata or . Ethya, √Fftha	r Condensate 📋	Address (Give address	to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca	singhead Gas	or Dry Gas	Address (Give address	to which appro	oved copy of this form is to be sent)	
		T::- T:					
	If well produces oil or liquids,	Unit S	Sec. Twp. Rge.	Is gas actually connect	ted? Wi	en	
Į	give location of tanks.	<u> </u>	37 11 30	ti no		Tysay inture	
	If this production is commingled wi	th that from	any other lease or pool,	, give commingling orde	r number:		
۱ ۷.	COMPLETION DATA		Oil Well Gas Well	New Well Workover	16		
	Designate Type of Completic	on - (X)	I SE	New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.	
ļ	Date Spudded	Date Compl	. Ready to Prod.	Total Depth			
	6/26/88	8/23/		10tal Depth 20361)		P.B.T.D.	
-	Pool		oducing Formation	<u></u>		13283	
	To. Bagley Lower Ferm		Page 1	Top Oil/Gas Pay		Tubing Depth	
}	Perforations	Charles Course	Se New CH 2	30033		3.0050	
	2076 - 21276					Depth Casing Shoe	
ŀ	TUBING, CASING, AND CEMENTING RECORD						
-	HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS OFWENT	
-	and detail	1.2 3/2		SEPTH SET		SACKS CEMENT	
-	1 1 2 cd	3 5/8				450	
ŀ	2		V 242	20280		WAG	
t		 		2000 Mark 100		17.143	
TV :	TEST DATA AND DEOLUSION D	DD AT LOW	ADT II	<u> </u>			
	TEST DATA AND REQUEST FOR THE STATE OIL WELL	JK ALLUW		after recovery of total volu epth or be for full 24 hours	ime of load oil	and must be equal to or exceed top allow	
Γ	Date First New Oil Run To Tanks	Date of Tes		Producing Method (Flow		ft. etc.)	
	6/39/80	8/30	/ 66	T _o		,,,,	
t	Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
	8 - 3						
-	ctual Prod. During Test Oil-Bbls. Water-Bbls.			V 97 27 25	Gas-MCF		
	113 3	3:	26	359		822.3	
'-		L		5.7 Se Tr		Wash to the	
	GAS WELL				•		
Γ	Actual Prod. Test-MCF/D	Length of Te	est	Bbls. Condensate/MMC		Gravity of Condensate	
				i i i i i i i i i i i i i i i i i i i	-		
<u> </u>	resting Method (pitot, back pr.)	Tubing Pres	sure	Casing Pressure		Choke Size	
- 1		i .		· ·			

7I. 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.

35/3 (Title) U3/08

(Date)

OIL CONSERVATION COMMISSION

SUPERVISOR DISTRICT I

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 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.