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HEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

1.	AND J.S.G.S. AND OFFICE RANSPORTER OIL GAS PERATOR PRORATION OFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PRORATION OFFICE						
	Major, Giebel & Forster						
	Address 1126 Vaughn Building, Midland, Texas 79701						
:	Reason(s) for filing (Check proper box)						
	New Well X Change in Transporter of: Recompletion Oii Dry Gas Change in Ownership Casinghead Gas Condens						
	If change of ownership give name and address of previous owner						
II.	ease Name Well No. Pool Name, Including/Formation R 3988 Kind of Lease No. Lease No.						
	Gulf-Sohio State	1 North Bagley I	ower Penn	State, Federal	or Fee State	E 8969	
	Unit Letter G; 1874 Feet From The East Line and 2086 Feet From The North						
	Line of Section 8 Town	nship 11 Range	33 , ммр	u, Lea	3	County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S				
	Name of Authorized Transporter of Oil Admiral Crude Oil	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1345, Midland, Texas					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petroleum		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74100				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When				
	f this production is commingled with that from any other lease or pool, give commingling order number:						
- , ,	Designate Type of Completion	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. 'Diff. Res'v.	
	Date Spudded 10/23/68	Date Compl. Ready to Prod. 12/11/68	Total Depth	400'	P.B.T.D.	76'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Producing Formation Top Oil/Gas Pay		Tubing Depth 10, 100°		
	4301 GL, 4311 DF, 431					Depth Casing Shoe	
	Periorated 18 JS W/ Selec	TUBING, CASING, AND					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT 350 SX		
	12 3/4	34# 32 & 24#	3,72		400 sx		
	8 5/8 5 1/2	17#	10,400		575 sx		
V.	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 allowable for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks 12/11/68	Date of Test 12/11/68	Producing Method (Flow, pump, gas lif Swabbing & flow:				
	Length of Test 24 hour	Tubing Pressure 0-100	Casing Pressure Packer		Choke Size 3/4"		
	Actual Prod. During Test 591	Oil-Bbls.	Water-Bbls.		234		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size		
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		OIL CONSERVATION COMMISSION APPROVED O O O O O O O O O O O O O				
	above is true and complete to the	best of my knowledge and belief.	wledge and belief.		ON ZOINGT 1		
		This form is to be filed in compliance with RULE 1104.					
	Milliam & (Signa		at he accompa:	rable for a newly drill nied by a tabulation of	I the deviation		
	Enginee	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.					
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Separate Forms C-104 must be filed for each pool in multiply completed wells.