			_
NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		<u>L</u> _	
PRORATION OFFICE			

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		
SANTA FE			Supersedes Old C-104 and C-110 Effective 1-1-65
FILE	AND Effective 1-1-05		Literative 1-1-03
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS
LAND OFFICE	AGENDALISM TO TANKE ON TOLETHIS THE TANKE ON		
VELVICE OIL			
TRANSPORTER GAS			
OPERATOR	7		
PROBATION OFFICE	7		
Operator			
Address			
	26361		
Reason(s) for filing (Check proper bo	28 /9/93	Otter (Please explain)	
New Well	Change in Transporter of:		
· F	Oil Dry Go		
Recompletion			
Change in Ownership	Casinghead Gas Conde	nsute	
If it is a second constant of the second			
If change of ownership give name and address of previous owner			
and dedices of providing them.	UNDESIGNA	707	/
DESCRIPTION OF WELL AND	LEASE UNUESIGNA		· .
Lease Name	Well No. Pool Name, Including F	formation Kind of Lease	
	3 B of section	State, Federa	l of Fee
Location S	The state of the s		
	34	ne and <u>1989 </u>	The Ti
Unit Letter P : 1 C	Feet From The 👯 Li	ne and 1303 reet from	I ne
	_	5.5.12 N. (D.) (County
Line of Section (36) T	ownship 113 Range	RSD , NMPM, Lea	County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS Aidress (Give address to which appro	ned copy of this form is to be sent)
Name of Authorized Transporter of O	or Condensate	Andress (Give dadress to which appro	ped copy of this joint to to be com,
Jos American Februiks	m fism nustian	for 501, Nolso, Oklahov	43
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent;
Warms a secretema Cors	erenant to firms	Cox 1889 Miles Calabo	in the
	Unit Sec. Twp. Age.	Is gas actually connected? Wh	
If well produces oil or liquids, give location of tanks.	7 80 83E 108E	Verz	v 50 (64)
	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'v.
Designate Type of Complet		1 1 45	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded		•	
7-13-3	8-12-69	10,400	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	
1333 33	Reunsvilvanist	9,403	9,405
Perforations	·		Depth Casing Shoe
# \$ 9 \$ 1 15 6			
<u> </u>	TUBING, CASING, AN	ND CEMENTING RECORD	
HOLE 5175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			376
37-1/2	12-3/4	421	3/3
2.7.3	<u> 8.5/8</u>	2648	
3.778	8-5/8	2033 - 3649	
	4.7/2	<u> </u>	-1 599
TEST DATA AND REQUEST	FOR ALLOWARIE. (Test must be	after recovery of total volume of load oi	l and must be equal to or exceed top allow
OIL WELL	able for this	acpoint or ou jor yard by meaning	
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
Length of lest	1 454.19 1 1455415		
Actual Prod. During Test	Oil-Bbla.	Water Bole:	Gas - MCP St
Actual Prod. During Test	OII - DDIS.		
	1 223	_ 	
	— A. A. G.		-
GAS WELL	-		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
The second of th	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	· mind ·	•	
			ATION COMMISSION
I. CERTIFICATE OF COMPLIA	CERTIFICATE OF COMPLIANCE		ATION COMMISSION
		$-\parallel$ \wedge \wedge	, 19
I handly contifu that the suites of	nd regulations of the Oil Conservation	n APPROVED	, 19
	A with and that the information give		The N
above is true and complete to	the best of my knowledge and belie	f. BY	

/2 .		
Lieuan	i Jones	
	(Signature)	,
1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	/	
	(Title)	
1.030		
	(Date)	

		·
APPROVED		19
BY JA!	Miner	
31		

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 allow-sble 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.