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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
- TRANSPORTER	GAS		
OPERATOR			
PROBATION OFFICE			

1EW MEXICO OIL CONSERVATION COMMISSIO REQUEST FOR ALLOWABLE

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

	FILE	\perp		AND					
	U.S.G.S.		AUTHORIZATION TO TRA	ANSPØRT (OIL AND NATURAL	GAS			
	LAND OFFICE	+							
	TRANSPORTER OIL	+							
	GAS	+							
	PROPATION OFFICE	+							
I.	Operator Operator								
	Major, Giebel & Fo	rota	_						
	Address	1 S LC							
	1126 Vaughn Buildir	na 1	Midland Texas 79701						
	Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well		Change in Transporter of:						
	Recompletion		Oil Dry Go	ıs					
	Change in Ownership		Casinghead Gas X Conde	nsate	······································				
	If change of ownership give na	ame							
	and address of previous owner								
II.	DESCRIPTION OF WELL A	AND L	Well No. Pool Name, Including F	ormation	action Kind of Lease No.				
					State, Federal or Fee Fee				
	Payne		Vada Penn			155			
	, F	510	Feet From The West Lin	ne and	1980 Feet From	The north			
	Unit Letter;;		reet rom rite						
	Line of Section 33	Town	nship 9-S Range 3	4-E	, NMPM,	Lea	County		
III.	DESIGNATION OF TRANS	PORT	ER OF OIL AND NATURAL GA	AS (C		The state for to to be	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Name of Authorized Transporter	of Oil	or Condensate Amoco Pipeline Co	Address (G	ive address to which appro	oved copy of this form is to be	sent)		
		/_		1 2 2 2 2 2 2 2	Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter	of Casi	nghead Gas 🔀 💮 or Dry Gas 🗔	Address (G					
	Warren Petroleum C	orpo	ration Unit Sec. Twp. Rge.	P. O.	P. O. Box 1589, Tulsa, Oklahoma 74102 Is gas actually connected? When				
	If well produces oil or liquids,	i	Unit Sec. Twp. Rge.		i				
	give location of tanks.		ii	Yes	· · · · · · · · · · · · · · · · · · ·	June, 1969			
		ed with	that from any other lease or pool,	give commi	ngling order number:				
14.	COMPLETION DATA		Oii Well Gas Well	New Well	Workover Deepen	Plug Back Same Res'v.	Diff. Res'v.		
	Designate Type of Com	pletior	$\mathbf{n} = (\mathbf{X})$						
	Date Spudded		Date Compl. Ready to Prod.	Total Depti	n	P.B.T.D.			
	Elevations (DF, RKB, RT, GR,	etc.;	Name of Producing Formation	Top Oil/Go	is Pay	Tubing Depth			
				1		Depth Casing Shoe			
	Perforations					Depth Casing Shoe			
				D CENENTI	NC DECORD				
			TUBING, CASING, AN	CEMENTI	DEPTH SET	SACKS CEMEN	T		
	HOLE SIZE		CASING & TUBING SIZE	•	DEPTH SET	0,,0,,0	··		
v	TEST DATA AND REQUE	ST FO	R ALLOWABLE (Test must be	fter recovery	of total volume of load oil	l and must be equal to or exce	ed top allow-		
٧.	OIL WELL		able for this d	epth or be for	full 24 hours)				
	Date First New Oil Run To Tani	(8	Date of Test	Producing	Method (Flow, pump, gas l	lift, etc.)	1		
				OIn- Per		Choke Size			
	Length of Test		Tubing Pressure	Casing Pre	98 m.e	0			
	A During Tool		Oil-Bbis.	Water - Bble	<u> </u>	Gas-MCF			
	Actual Prod. During Test		- BB161						
	l	1		<u> </u>					
	GAS WELL								
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Cond	ensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	,	Tubing Pressure (Shut-in)	Casing Pre	ssure (Shut-in)	Choke Size			
				<u> </u>					
VI.	CERTIFICATE OF COMPI	LIANC	E		OIL CONSERV	ATION COMMISSION			
• • • •					APPROVED J/11/2 1970 19				
	I hereby certify that the rules	and re	egulations of the Oil Conservation	11					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			i	By Leglie & lenent					
			Cu o a line						
			TITLE CIL& Gus i species						
				Thi	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.				
	7. D. Z. C. T.								
	(Signature)								
Pong i Pohorts Fngineer					sections of this form m	ust be filled out completel	y for allow-		
	(Title)				uem and tecombieted #	AG112.			
	January 12,	1970		Fill	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.				
(Date)				well name or number, or transporter, or other such seed in multiply					

Separate Forms C-104 must be filed for each pool in multiply completed wells.