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LAND OFFICE						
IRANSPORTER	OIL					
	GAS					
OPERATOR						
PRORATION OFFICE						

III.

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110

THE RESOURCES COUPANY  STATES THE TOWN THE TOWN THE SET, MIGHAND, TEXAS 79701  STATES THE TOWN THE TOWN THE SET, MIGHAND, TEXAS 79701  STATES THE TOWN THE TOWN THE SET, MIGHAND, TEXAS 79701  THE CHARGE OF CONSTRUCTION OF THE SET OF THE TOWN THE T		U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL  GAS  OPERATOR	AUTHORIZATION TO	AND TRANSPORT OIL AN	ID NATUR	Effective J.	-1-65			
ELING RESOURCES COMPANY  Addresses  Addresses  Box Mail Tentres Kee, Midland, Texas 7970    Charge in Transmotter of the Control of the Contr	1	•								
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DESCRIPTION OF WELLAND LEASE   Policy		Reason(s) for filing (Check proper	est, Midland, Texas 797	701						
The Change of conversible give name and address of previous owners owners.  ID DESCRIPTION OF WELL AND LEAST William Pool Nova, Including Farmation Start dan 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, —		i i						
### IDESCRIPTION OF WELL AND LEASE				This to Durch	eing fi	led to record in	itial			
II. DESCRIPTION OF WELL AND LEASE    Long to comment   Description   Des		If change of ownership give nam	ne .	ondensate		as inghead gas on	iy.			
Shertidan  Learnito  Unit Letter M : 660 Peel From The Mest Lino and 660 Feel From The South  Line of Section 13 Township 9-5  Line	11.	DESCRIPTION OF WELL AN	ND LEASE	ng Formation						
Designation of the properties of Calculation of the Committee of Section 13   Township 9-S   Range 33-E   Internal Case   Case				ing rormation			Lease No.			
Line of Section   13   Township   Q-S   Force   33-E   104-14   Lea   County				_Line and <b>660</b>	<del></del>					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Note of Authorities Transporter of City   Or Condensate   Designation   Designation of Authorities Transporter of Child form is to be seat)		Line of Section 3	Township Q_S Range	22 E NIMI						
MOST PICE TIME COMPANY  MAY THE PETNICE OF COMPANY  MAY THE PETNICE COMPANY  MAY THE PETNICE OF COMPANY	III.	DESIGNATION OF TRANSPO	ORTER OF OUL AND NATURAL		-101,	Lea	County			
None of a habitate Transported to Chairpfeed Case (a) of Dry Case   Astron. Retrollege Corporation   Astron. Retrollege Corporatio		Name of Authorized Transporter of	Oll X or Condensate		s to which a	pproved copy of this form is	to be sent)			
Name of Petroleum Corporation   P. 0. Box 1589, Tulsa, Oklahoma 74102   In ass actually connected?   When you proceed the study of the petroleum of tacks   M. 13 9-S 33-E   No   If this production is comminged with that from any other lease or pool, give comminging order number   COMPETITION DATA		Name of Authorized Transporter of	Casinghead Gas V or Dry Gas	1						
If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion — (X)  Designate Typ			orporation	1						
If this production is commingled with that from any other lease or pool, give commingling order number:    COMPLETION DATA		If well produces oil or liquids, give location of tanks.	inge.		cted?	When When	02			
Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation  TOP OIL/Cas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING a TUBING SIZE  DEPTH SET  SACKS CEMENT  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 Totaks  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Casing Pressure  State Condensate  Actual Prod. During Test  Casing Pressure (Shut-in)  Ohoke Size  OIL CONSERVATION COMMISSION  APPROVED  This form is to be filed in compliance with RULE 1104.  If this is a request for slauwable for a newly drilled or despendence with RULE 1104.  This form is to be filed in compliance with RULE 1104.  If this is a request for slauwable for a newly drilled or despendence with RULE 1104.  All sections of this form must be secondaried with and the well in secondaries with RULE 1104.  All sections of this form must be stilled out completely for allowable on new and recompleted wells.  Fill out only Sections I, II, III, and off completely for allowable on new and recompleted wells.  Fill out only Sections I, II, III, and and completely for allowable on new and recompleted wells.  Fill out only Sections I, II, III, shall as condense of owner, well name or number, or transporter, or other such changes of condition.	<b>v</b> .	If this production is commingled COMPLETION DATA		3-E No ool, give commingling ord	er number:					
Elevations (DF, RKB, RT. CR, etc., Name of Producing Formation Top Oil./Gas Pay Tubing Depth  Perforations Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be squal to or exceed top allowable for first New Oil Run To Tanks Date of Test Producing Method (Flaw, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Chake Size  Actual Prod. During Test Oil -Bbls. Water-Bbls. Gas-MCF  (AS WELL Ictual Prod. Test-MCF/D Length of Test Bbls. Condensate/ABACF Grevity of Condensate esting Method (pitos, back pr.) Tubing Pressure (Shatt-in) Chake Size  RTIFICATE OF COMPLIANCE  Sereby certify that the rules and complete to the best of my knowledge and belief.  (Signature) Signature)  Applications of this form must be accompanied by a tabulation of the deviation test taken on the well in accordance with RULE 1114. All sections of this form must be indeed out completely for allowable for a newly drilled or despend with in the well in accordance with RULE 1114. All sections of this form must be succempanied by a tabulation of the deviation test taken on the well in accordance with RULE 1114. All sections of this form must be succempanied by a tabulation of the deviation test taken on the well in accordance with RULE 1115. All sections of this form must be succempanied by a tabulation of the deviation test taken on the well in accordance with RULE 1115. All sections of this form must be succempanied by a tabulation of the deviation of the deviation test taken on the well in accordance with RULE 1115. All sections of this form must be succempanied by a tabulation of the deviation of t		Designate Type of Comple	tion - (X) Oil Well Gas Well	l New Well Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v.			
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iAS WELL  Ictual Prod. Test-MCF/D  Length of Test  Bable. Condensate/MMCF  Gravity of Condensate  esting Method (pitot, back pr.)  Tubing Pressure (shut-in)  Casing Pressure (shut-in)  Choke Size  CRTIFICATE OF COMPLIANCE  ereby certify that the rules and regulations of the Oil Conservation numission have been complied with and that the information given we is true and complete to the best of my knowledge and belief.  This form is to be filled 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.		Length of lest	Tubing Pressure	Casing Pressure		Choke Size				
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i/70    Solution   Charles   Complete   Comp	duction Analyst			tests taken on the well in accordance with RULE 111.						
(Date)  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.	i/70			able on new and rec	completed w	vella.				
				Well name or number	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					

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## RECEIVED

MAY 8 1970

OIL CONSEGUE TO M.