V	NO. OF COPIES RECEIVED						
•	SANTA FE NEW MEXICO OIL CONSERVATION COMMIL, JN				Form C-104		
	FILE	– REQUEST	Supersedes Of	d C-104 and C-1.			
	U.S.G.5.	AND Effective 1-1-65					
		AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL	GAS		
	TRANSPORTER						
	GAS GAS						
	OPERATOR						
I.	PRORATION OFFICE						
	Operator Residual 1 Oil Company						
	Bridwell Oil Company						
	Box 2038, Abilene, Texas 79604						
	View West						
	Recompletion Oil Dry Gas						
	Change in Ownership	Casinghead Gas Conde	nsate	374342).			
	If change of ownership give name						
	and address of previous owner				· .		
~-							
Ħ.	DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F	amation	Kind of Leas	80,0		
	New Mexico 8 State		- San Andres		uorFee State	Lease No.	
	Location		Juli Allures			L-274	
	Unit LetterB;6	60 Feet From The North Lin	1980		East		
		Feet From TheLin	ie and	Feet From '	The		
	Line of Section 8 Tor	wnship 9-5 Range	33-Е , мири	А,	Lea	County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	·			
	Name of Authorized Transporter of Oil Mobil Pipe Line Compa				ved copy of this form is t	o be sent)	
	Name of Authorized Transporter of Car				, texas 75221 ved copy of this form is t		
	Neme of Admost 200 Honsporter of Ca		Address (Give Baaress	to which approv	vea copy of this form is t	o be sent)	
		Unit Sec. Twp. Pge.	is gas actually connec	ed? Whe	•n		
	If well produces oil or liquids, give location of tanks.	Н 8 9-5 33-Е					
	The second secon	Lange and the second se		<u>_</u>		•	
IV.	COMPLETION DATA	th that from any other lease or pool,	give comminging orde	r number:			
	Designate Type of Completio	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'v.	
		· · · · · · · · · · · · · · · · · · ·	X	1		1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	9-24-72	11-10-72	4551		4505'		
	Elevations (DF, RKB, RT, GR, etc.) 4386' Gr.	Name of Producing Formation San Andres	Top Oil/Gas Pay 4434		Tubing Depth		
	Perforations	Sall Andres	1 4774		4417 ¹ Depth Casing Shoe		
	4434-42, 4444-48; 4456						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEM	ENT	
	12-1/4	8-5/8 OD	351		275		
	7-7/8	4-1/2 OD	4550		250		
		ļ					
	L	<u> </u>	l		i		
٧.	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 allow- able for this depth or be for full 24 hours)						
ĺ	OIL WELL Date First New Oil Run To Tanks	Producing Method (Flow, pump, gas lift, etc.)					
	11-10-72	11-15-72	Pump				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	24 hours	-	-		_	:	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls,		Gas-MCF		
		25	86				
r							
	GAS WELL	Bhis Card and Ante			ı		
	Actual Prod. Test-MCF/D	Length of Teat	Bbls. Condensate/MMC	r	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut	-12)	Choke Size		
ן גיז	CERTIFICATE OF COMPLIANCE						
	CENTIFICATE OF CUMPLIANCE			NOV 2	TION COMMISSION	4	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			19	
	Commission have been complied with and that the information gives		cimed		signed by	l by	
	above is true and complete to the best of my knowledge and belief.		17 Tohn		n Kuille		
			TITLE	Joi	Geologist		
	\mathcal{A} λ /				ompliance with RULE	1104.	
	Bruce A lennit		If this is a req	ast for allow	able for a newly drills	d or deepened	
-	(Signature)		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 NULE 111.				
-	Production Superintendent /)						
•	(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
	November 21, 1972		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.				
	(Da	(e)	Agit usue of unupe	, or transports			