	·						
NO. OF COPIES RECEIVED							
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SANTA FE							
FILE							
U.S.G.S.							
LAND OFFICE							
IRANSPORTER	OIL						
INANGPORTER	GAS						
OPERATOR							
PRORATION OF							
Operator John L	. Cox	 :					

7/14/93

(Date)

1	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION ANTA FE REQUEST FOR ALLOWABLE						Form C-104 Supersedes Old C-104 and C-110						
İ	FILE				KEGOE	AND						Effective 1-1-65		
	U.S.G.S.	s.G.s.			AUTHORIZATION TO TRAN				NATURA					
ļ	LAND OFFICE													
l	TRANSPORTER	OIL	-											
}	OPERATOR	GAS												
	PRORATION OFFI	ICE												
1.	Operator	rator												
	John L.	John L. Cox												
	Address D O R	P. O. Box 2217, Midland, Texas 79702												
		cason(s) for filing (Check proper box)  Other (Please explain)												
	New Well													
Recompletion   Oil   Dry Gas   Dry														
	Change in Ownership Casinghead Gas X Condensate													
,		Lin mino a												
	If change of ownersh and address of previ													
		ESCRIPTION OF WELL AND LEASE												
11.	Lease Name	F WELL	ANU I	Well No. Po	ol Name, Includin	g Forr	mation		Kind of L			Lease No.		
	_ TP	,		2 West Sawyer(				ndres)	State, Fe	deral or Fe	.Federal	NM-2390		
	Location			<del></del>			-				T-70 m +			
	Unit Letter	<u> </u>	86	Feet From T	he North	Line	and		Feet Fr	om The	West			
		27		mehin 9-S	_	37.	<b>-</b> E	NI (D)	. Lea	L		County		
	Line of Section		Tow	mship 9-5	Range			, NMPM	.,			County		
III.	DESIGNATION OF	F TRAN	SPORT	ER OF OIL AN	D NATURAL	GAS						,		
	Name of Authorized	Transporte	of Oil	or Cond	ensate		Address (G	ive address	to which a	pproved co	py of this form is	o be sent)		
	Surver	K)	1200		erp	<u> </u>			to subjet a	named as	py of this form is	o he sent!		
	Name of Authorized				or Dry Gas						The Wood	i		
	Trident			Unit Sec.	Twp. Rge.			ally connect		When		37-9359		
	If well produces oil of give location of tank			F 27					4/14	1/75				
	If this production is	Commin	aled wit	h that from any o	ther lease or po	ool, g	ive commi	ngling orde	r number:					
IV.	COMPLETION DA									l Div	g Back   Same Re	Diff Besty		
	Designate Typ	oe of Co	mpletio	on - (X)	Well Gas We	11	New Well	Workover	Deeper	i Piu	d Pack   Paine He	, bill nes vi		
	Date Spudded			Date Compl. Rea	dy to Prod.		Total Dept	h	<u> </u>	P.E	B.T.D.			
	Date opuadoa				•	L						1		
	Elevations (DF, RKE	g Formation	Formation Top Oil/Gas Pay		Tuk	Tubing Depth								
											oth Casing Shoe			
	Perforations													
				TUE	SING, CASING,	AND	CEMENT	ING RECO	RD					
	HOLE	HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
						<u> </u>								
				<u> </u>					<del> </del>		<del> </del>			
				OD AT TOWARD	T (T	1		v of socal mol	lume of loa	d oil and n	nust be equal to or	exceed top allow-		
V	TEST DATA AND OIL WELL	D REQU	EST F	OK ALLUWABI	able for th	is dep	oth or be fo	r full 24 how	rs)					
	Date First New Oil Run To Tanks Date of Test							Method (Flo	w, pump, s	ras lift, etc	c.)			
				Tubing Pressure			Casing Pressure			Ch	Choke Size			
	Length of Test													
	Actual Prod. During	Test		Oil-Bbis.			Water - Bb	ls.		Go	s-MCF			
	7.0100	,												
	GAS WELL						Bbls. Condensate/MMCF			Gravity of Condensate				
	Actual Prod. Test-	Actual Prod. Test-MCF/D		Length of Test			Bbis. Condensate/MMCF		G.	Gravity of containing				
	Testing Method (pi	tot. back i	pr. J	Tubing Pressure	(Shut-in)		Casing P	ressure (Sì	-1.n )	Ch	roke Size			
	resting method (p.		P117		(5)			•						
<b>1</b> 271	71. CERTIFICATE OF COMPLIANCE						OIL CONSERVATION COMMISSION							
₩.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.													
					ition	APPROVED JUL 16 1993 , 19, 19, BY								
					iven	Paul Kanta								
						Geologies								
	1	1					TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened							
	South Butter (Signature)													
	- House Souther													
	Martha Wit	rtha Wittenbach, Prodn. Mgr						tests taken on the well in accordance with Ruce						
	Marcha Miccompacti, Figure						All sections of this form must be filled out completely for allow-							

shie 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.

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.a)1.1.5 **1993** 

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