ſ	NO. OF COPIES RECEIVED							
	DISTRIBUTIO							
	SANTA FE							
	FILE							
j	u.s.g.s.							
	LAND OFFICE							
	TRANSPORTER	OIL						
	TRANSI ON EN	GAS						
	OPERATOR							
Ι.	PRORATION OF							

7/14/93

(Date)

$\vdash$	SANTA FE	1			NEW MÉXICO OIL CON		SSION	Form C=104 Supersedes Old C=104	and C-110		
-	FILE			$\dashv$		OR ALLOWABLE AND		Effective 1-1-65			
-	u.s.g.s.				AUTHORIZATION TO TRAN		IATURAL GA	ς			
H	LAND OFFICE				AUTHORIZATION TO TRAIN	SI OKT OIL AND I	INTOKAL OA				
	IRANSPORTER	OIL									
		GAS									
	OPERATOR				·			·			
I.	PRORATION OFFIC	CE	i						<del></del>		
	John	ı L.	Co	X							
Address											
-	P. O. Box 2217, Midland, Texas 79702										
ŀ	Reason(s) for filing (Check proper box)  Other (Please explain)										
New Well Change in Transporter of:  Recompletion Oil Dry Gas											
Change in Ownership Casinghead Gas X Condensate											
1	If change of ownersh	ip give	e nan	ne							
1	and address of previous	ous ow	vner_								
11	DESCRIPTION OF	wet.	.T. A	ND I	LEASE						
· [	Lease Name				Well No. Pool Name, Including For	mation	Kind of Lease	<u> </u>	qse No.		
	Federal A	<i>A</i> .			2 W. Sawyer(Sa	n Andres)	State, Federal	Federal NM-	050475		
	Location					660		0			
	Unit Letter		_ ;]	<u> 178</u>	O Feet From The East Line	and 660	Feet From Th	south			
		22		<b></b>	wnship 9-S Range 37	7-E , NMPM	. Lea	•	County		
	Line of Section			100	wnship J Bange J	7 14444 14					
II.	DESIGNATION OF	F TRA	INSP	OR	TER OF OIL AND NATURAL GAS	<u> </u>					
	Name of Authorized T	Franspo	orter o	1 011	or Condensate	Address (Give address	to which approve	d copy of this form is to be s	ent)		
	Scurloci	<u>K</u> _	<u> </u>	<u>Er</u>	mian Corp	(6)	in the base of the same	ed copy of this form is to be s	entl		
	Name of Authorized T	Pranspo	orter o	of Ca	singhead Gas 🔀 of Dry Gas 🗔	,			1		
	Trident	t NG	L	Inc	Unit Sec. Twp. Rge.	Is gas actually connect		Rd,The Woodland 77387-93			
	If well produces oil of give location of tanks		ds,		0 22 9-S 37-E	Yes	i	4/14/75			
	<u> </u>				<u> </u>		r number:	-77			
	If this production is COMPLETION DA		ingle	d Wi	ith that from any other lease or pool, g	ive comminging orde	- Hamber				
•••	Designate Typ		~	1-4:	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res'v. D	iff. Res'v.		
		01 C	-omp	Teri				P.B.T.D.	<del></del>		
	Date Spudded				Date Compl. Ready to Prod.	Total Depth		P.B.1.D.			
	Flevations (DE RKR	PT	CP 4	•• :	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	Liovations (Dr., RRD	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation									
	Perforations							Depth Casing Shoe	epth Casing Shoe		
					TUBING, CASING, AND		DEPTH SET		SACKS CEMENT		
	HOLE	SIZE			CASING & TUBING SIZE	DEPTHS	DET	SACKS CEMENT			
v	TEST DATA ANI	D REC	QUE	ST F	FOR ALLOWABLE (Test must be af	ter recovery of total vol	ume of load oil	and must be equal to or excess	i top allow-		
•	OIL WELL				able for this de	pth or be for full 24 how Producing Method (Flo	•/		<del></del>		
	Date First New Oil I	Run To	Tank	LS	Date of Test	Producing Method (Fig	w, pump, gos so	, 4101/			
	Length of Test				Tubing Pressure	Casing Pressure		Choke Size			
	Fardin or rest										
	Actual Prod. During	Test			Oil-Bbls.	Water - Bbls.		Gas-MCF			
								<u></u>			
	GAS WELL				Length of Test	Bbls. Condensate/MM	CF	Gravity of Condensate			
	Actual Prod. Test-	MCF/D	,		Length of Test						
	Testing Method (pit	tot, bac	k pr.	<del></del>	Tubing Pressure (Shut-in)	Casing Pressure (Shr	nt-in)	Choke Size	······································		
		,•	/								
v	CERTIFICATE 4	ERTIFICATE OF COMPLIANCE				OIL	CONSERVA	TION COMMISSION			
4.1	. Chairicale (	hereby certify that the rules and regulations of the Oil Conservation			11		1993				
	I hereby certify th				11						
	Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and belief				with and that the information given	Orig Signed by					
	above is true and complete to the best of my knowledge and bester					TITLE Geologist					
	ì	1									
	h_	•	1	_	<del>`</del>	This form is to be filed in compliance with RULE 1104.			04. • deenemed		
	Mark	South Souther					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.				
	(Signature) Martha Wittenbach, Production Mgr.					tests taken on the well in accordance with RULE 111.					
	Martha Wit	cenn	uaC.		Production Mgr.	All sections of this form must be filled out completely for allow-					

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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