NO. OF COPIES REC	EIVED	i	
DISTRIBUTIO	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
- THE STATE OF THE	GAS		
OPERATOR			
PRORATION OF	FICE		

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST FOR ALLOWABLE					Supe	Supersedes Old C-104 and C-1.				
	FILE U.S.G.S.				AND					Effe	ctive 1-1-65	
	LAND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA					GAS				
		OIL					•					
	TRANSPORTER	GAS										
	OPERATOR											
1.	PRORATION OFF	ICE										
	BTA OIL F	וותחמפ	CERS									
	Address	NODO	OLIKO									
	104 South				nd, Tex	as 7970)1					
	Reason(s) for filing (Check p	roper box)					Other (Pleas	e explain)			
	New Well Recompletion	=		Change Oil	in Transp	· ·	y Gas	ECC. A.	- 6/1/05			
	Change in Ownership				head Gas		ndensate	ETTECTIV	e 6/1/85			
	If change of ownersh			<u> </u>	· · · · · · · · · · · · · · · · · · ·				_122.5		" 	
	and address of previ			EASE		 				··		
	Lease Name			Well N	o. Pool N	ame, Includir	g Formation		Kind of Leas	•		Lease No.
	Penn, 751	L4 JV-	<u>-D</u>	3_	Bag	<u>ley, Nor</u>	<u>th (Penr</u>)	State, Federa	or Fee Sta	ate	
	Location	'G'	. 1830	n		Nonth	•	000		Г-	_ 4_	
	Unit Letter		;	Feet F	from The_	NOT LIT	Line and	980	Feet From '	rhe <u>Eas</u>	<u>; t</u>	
	Line of Section	7	Tow	nship 1	.2	Range	33	, NMPM	4	Lea		County.
-												
4II.	DESIGNATION OF Name of Authorized T	TRA	NSPORT	ER OF O	L AND P			(Give address	to subject annua	and come of all	- form /s to	T
	Phillips							Penbrook,			•	oe sent)
	Name of Authorized T					Dry Gas 🗀	Address	(Give address	to which appro	yed copy of thi	s form is to	be sent)
	Warren Pe	etrole	eum Co.	•			P. 0.	Box 1589	, Tulsa,	OK 74102	2	
	If well produces oil or		,	Unit S	- !	wp. Pge.	1 -	ctually connect	ed? Wh	Pn.		
	give location of tanks			1 1			13					
	If this production is COMPLETION DA		igled with	h that from	any other	lease or po	ol, give cou	mingling orde	t unmpet:			
	Designate Type			- (Y)	Oil Well	Gas Wel	l New We	1 Workover	Deepen	Plug Back	Same Res'v	v. Diff. Res'v.
		- 01 C0	hipierro		! !					<u> </u>		!
	Date Spudded			Date Compl	. Heady to	Prod.	Total D	pth		P.B.T.D.		
	Elevations (DF, RKB,	RT, GR	R, etc.j	Name of Pro	oducing Fo	rmation	Top Oil	/Gas Pay	······································	Tubing Dept	h	
	Perforations									Depth Casin	g Shoe	
				 	TUBING	CASING	AND CEUEN	TING RECOR		<u> </u>		
	HOLES	SIZE		CASII		, CASING, A	AND CEME	DEPTH S		SA	CKS CEME	NT
	-											
	-											
	····									 		
•	TEST DATA AND	PEOU	FST FO	PATTON	ADIE	/Tage Tuge I		ery of total volu	on of load all			and to allow
▼.	OIL WELL			ALLUN	ABLE		e depth or be	for full 24 hours	1)		441 10 OF 421	case tob error
j	Date First New Oil Ru	un To T	anks	Date of Tes	it		Produci	ng Method (Flow	v, pump, gas li	ft, etc.)		
	Length of Test			Tubing Pres	A SUPA		Castna	Pressure		Choke Size		
	Length of 1 and			. abany rive			0234					
	Actual Prod. During T	Cost		Oil-Bbls.			Water - E	bis.		Gas - MCF		
	GAS WELL											
1	Actual Prod. Test-M	CF/D		Length of T	'est		Bble. C	ondensete/MMC	F	Gravity of C	ondensate	
	Testing Method (pitot	, back p	or. <i>)</i>	Tubing Pres	swe (Shu	t-ia)	Casing	Pressure (Shut	-ia)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE							OIL (CONSERVA	TION COM	MISSION	
								MAY 6	1985		_	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			on H	· · · · · · · · · · · · · · · · · · ·	331 1.7		, 1	9			
	above is true and complete to the best of my knowledge and belief.				of. BY_	- 144 EAR	A \$1 \$1 \$1 \$1 \$2 \$1	er andring of	*,***			
				,					7 C30	MCDEC	गां ्रा	
					ll.			-	·			
	W/mi	ath	4 A	pul	Posis	- · - ر	11	his form is to I this is a req		-		
-	, inc	ur sif		we)	MIK		!!	this form mus	t be accompa	nied by a tab	oulation of	the devication
	Regulatory Supervisor						taken on the					
•	(Title)						able	on new and re	ecompleted w	olle.		
			5/2/ (Det				We11	ill out only same or numbe	Sections I, I	I, III, and Viten or other a	i for chang uch change	ges of owner of condition
			{ Det	- /				eparate Form				
								• • • •				

MAY 6 1985 HOBBS OFFICE