	DISTRIBUTION	NEW MEXICO OIL CO	ONSE				
	SANTA FE	REQUEST 8					
	U.S.G.S.	AUTHORIZATION TO TOA	AA CD				
	LAND OFFICE	AUTHORIZATION TO TRA	.N2P				
	OIL	1					
	I RANSPORTER GAS						
ı.	OPERATOR PRORATION OFFICE Operator						
	C. H. Brockett Address						
	Reason(s) for filing (Check proper box,	tas 79702					
	New Well	Change in Transporter of: Oil Dry Gas					
	Recompletion Change in Cwnership	Casinghead Gas Conden					
	If change of ownership give name and address of previous owner	Edman R. Zink428D Pe	etr				
	DESCRIPTION OF WELL AND						
	Zink-State	1 Wildcat					
	Unit Letter 0 : 660	Feet From The South Line	and •				
	Line of Section 21 Tov	waship 11-S Range 38	E				
II.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of CII	TER OF OIL AND NATURAL GA	S Add				
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Add				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	!s q				
		th that from any other lease or pool,	give				
IV.	Designate Type of Completic	$\operatorname{con} = (X)$	Nev				
	Date Spudded	Date Compl. Ready to Prod.	Tot				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top				
	Perforations	.1	L <u>.</u>				
		TUBING, CASING, AND	CE				
	HOLE SIZE	CASING & TUBING SIZE					
			-				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	terr psho				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Pro				
	Length of Test	Tubing Pressure	Car				
	Actual Prod. During Test	Cil-Bble.	Wat				
			<u> </u>				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Вы				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cai				
VI.	CERTIFICATE OF COMPLIAN	CE					
	Cindian have been complied !	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	В				
	~		Т				
	11/1 C.		11				

## ERVATION COMMISSION ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

ILE		AND		
	AUTHORIZATION TO TRA	NSPORT OIL AND NA	TURAL GAS	
AND OFFICE				
RANSPORTER GAS				
PERATOR				
PRORATION OFFICE				
perator				
C. H. Brockett			<del></del>	
ddress	79702			
Box 1005 Midland, Texas eason(s) for filing (Check proper box)	19102	Other (Please a	xplain)	
	hange in Transporter of:			
ecompletion O	II Dry Gas			
hange in Cwnership	asinghead Gas Conden	sate		
			San Antonio Mayas	78209
change of ownership give name Linux d address of previous owner	n R. Zink428D Pe	etroleum Center-	-Dali Alitolizo, Talas	
	_			
ESCRIPTION OF WELL AND LEASE	ell No. Pool Name, Including Fo		trid of Lease	Lease No.
	1 Wildcat	\$	tate, Federal or Fee State	1-1911-1
Zink-State			W	
Unit Letter 0 ; 660 F	Feet From The South Line	e and	Feet From The	
o 200 o			Tas	
Line of Section 21 Township	11-S Range 38	E , NMPM,	Lea	County
ESIGNATION OF TRANSPORTER O	or Condensate	S Address (Give address to	which approved copy of this for	m is to be sent)
Name of Authorized Transporter of Oli	of Condensate		.,,,,,,	·
Came of Authorized Transporter of Casinghead	i Gas or Dry Gas	Address (Give address to	which approved copy of this for	m is to be sent)
Came of Authorized Transporter of Casinghead	1,003			
Unit	Sec. Twp. Pge.	Is gas actually connected	? When	
f well produces oil or liquids, ive location of tanks.				
	francis	give commingting order	umher:	
this production is commingled with that OMPLETION DATA	from any other lease or poor,	give committening order		
	Cil Well Gas Well	New Well Workover	Deepen Flug Back Sam	e Restv. Diff. Res
Designate Type of Completion = ()	()	<u> </u>	<u> </u>	
Date Spudded Date	Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		<u></u>	Taking Depth	
levations (DF, RKB, RT, GR, etc.) Name	of Producing Formation	Top Oil/Gas Pay	Lubing Lepin	
		<u> </u>	Depth Casing Sno	
Perforations				
	TUBING, CASING, AND	CEMENTING RECORD		
101 5 6175	CASING & TUBING SIZE	DEPTH SE		CEMENT
HOLE SIZE	CASING U LOBING U.E.			
			·	
EST DATA AND REQUEST FOR AL	LOWABLE (Test must be a	fter recovery of total volum	e of load oil and must be equal:	o or exceed top all
II. WELL	able for this de	psh or be for full 24 hours) Producing Method (Flow,		
Date First New Oil Run To Tanks Date	of Test	Producing Method / Flow,	pump, gas tijt, etc.)	
		Carla Deserve	Choke Size	
Length of Test Tubin	g Pressure	Casing Pressure	011024 5124	
	3610	Water - Bbls.	Gas - MOF	
Actual Prod. During Test Cil-E	יים	<del> </del>		
		<u> </u>		
AC WEY				
Actual Prod. Test-MCF/D Lengt	h of Test	Bbls. Condensate/MMCF	Gravity of Conce	nsate
25.00				
Testing Method (pitot, back pr.) Tubin	g Pressure (Shut-in)	Casing Pressure (Shut-	(n) Choke Size	
ERTIFICATE OF COMPLIANCE		OIL C	ONSERVATION COMM	SSION
				10
hereby certify that the rules and regulat	ions of the Oil Conservation	APPROVED	C+ C	, 19
include the second compliant with at	BY STATE OF THE PARTY OF THE PA			
bove is true and complete to the best	or my knowledge and benefit		Secretary to the	
		TITLE	Agricological Company	
$\sim \sim 10^{-3}$		This form is to	be filed in compliance with	RULE 1104.
2 TANALL	San Su	11	for allowable for a newly	drilled or deepe
(Signature)			he accompanied by a labula	CIOU Of THE GRAVE
Owner				
		All sections of	his form must be filled out of	completely for all
(Title)		All sections of able on new and rec	his form must be filled out of ompleted wells.	
(Title)		All sections of able on new and rec	this form must be filled out of ompleted wells.	r changes of own
		All sections of able on new and rec Fill out only S well name or number	his form must be filled out of ompleted wells.	r changes of own change of conditi
,	d that the information kiven	TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or dee well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for the device of the devi		