HO. OF COPIES RECI	EIVED	l	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

÷	SANTA FE		NEW MEXICO OIL CONSERVATION COM		Form C-104	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
	FILE	- REQUEST	FOR ALLOWABLE					
	U.S.G.S.	ALITHOPIZATION TO TR	AND	\\				
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	OIL	1						
	TRANSPORTER GAS	1						
	OPERATOR	1						
1.	PRORATION OFFICE	1						
	Operator							
	AMERICAN PETROFINA COM	IPANY OF TEXAS						
	Address 70700							
		Box 1311, Big Spring, TX 79720						
	Reason(s) for filing (Check proper box) New We!! Other (Please explain) All wells on lease now P&A - last tank							
	Recompletion	Oil X Dry G	· ·					
	Change in Ownership	Oil A Dry Gas run by Mobil Pipeline left approxi- Casinghead Gas Condensate mately 80 bbls. of oil on hand.						
				00 5510.	or orr on han			
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND	LEASE		1				
	Lease Name Federal "C"	Well No. Pool Name, Including F		Kind of Lease	p. P. J 1	Lease No.		
		1 Prairie Wolfca	amp, South	State, Federal	or FeeFederal	002915		
	Location	000 Nameh	1000		Ilaak			
	Unit Letter G ; 1	1980 Feet From The North Lin	ne and 1900	Feet From T	he West			
	1 ine of Section 20 To	wnship 8-S Range	36-E , NMP1	м, Roosev	-01+	County		
	Line of Section 20 To	whiship O D Hange	JO L , NMP1	M, ROUSEV	ert.	County		
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS					
	Name of Authorized Transporter of Of	or Condensate	Address (Give address	to which approv	ed copy of this form is	to be sent)		
	Southern Union Refinin		Box 980, Hobb		240			
	Name of Authorized Transporter of Ca		Address Give address			to be sent)		
	Cities Service Oil Com		Box 300, Tuls	*	102			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ted? Whe	n .			
	give location of tanks.	G 20 8-S 36-E	Wells P&A	<u> </u>				
		ith that from any other lease or pool,	give commingling orde	er number:	· · · · · · · · · · · · · · · · · · ·			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.		
	Designate Type of Completi		1	1	1	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	 l	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Top Oil/Gas Pay Tubis		ing Depth		
	Perforations Depth Casing Shoe							
	TUBING, CASING, AND CEMENTING RECORD							
		CASING & TUBING SIZE	DEPTH S	•	SACKS CE	MENT		
	HOLE SIZE	CASING & TUBING SIZE	JEF TR		SACKS GE			
								
					i			
V.	TEST DATA AND REQUEST F		after recovery of total vol		nd must be equal to or	exceed top allow		
•	OIL WELL	able for this d	epth or be for full 24 how					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas liji	, etc.)			
		Make Daniel	Casing Pressure		Choke Size			
	Length of Test	Tubing Pressure	Cdaing Freesure		0020 000			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF			
	Actual Floor Burning Foot				i .			
	·							
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate			
					 			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	C-1B)	Choke Size			
			<u> </u>					
VI.	CERTIFICATE OF COMPLIAN	CE			TION COMMISSIO			
			APPROVED JUL 3 1981 . 19					
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given						
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and heliof.			BYOrig. Signed by Jerry Sexten					
			TITLE					
			This form is to be filed in compliance with RULE 1104.					
	0000	I C Channe	This form is	to be filed in o	ompliance with RUL	.E. 1104. Had or deenened		
	- y haprid	J. C. Chapman	If this is a re well, this form mu	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.						
	Assistant Dist. Mgr. of <i>(T</i>	itle)	All sections of this form must be filled out completely for allowable 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.					
	July 29, 1981							
		Pate)	well name or numb	er, or transport	en or other such char	nge of condition		

Fill out only Sections I, II, III, and vi to change of condition. well name or number, or transporter, or other such change of condition.