(
i	NO. OF COPIES RECEIVED			
;	DISTRIBUTION	NEW MEXICO OF	ONSERVATION COMM. ON	Form C-104
l	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-111
	FILE		AND	Effective 1-1-65
	U.S.G.S.		NSPORT OIL AND NATURAL GA	A C
1	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GA	40
1	····			
	TRANSPORTER OIL			
	GAS			
	OPERATOR			
	PRORATION OFFICE			
	Operator		······································	
	AMERICAN PETROFINA COMPANY OF TEXAS			
	AMERICAN PEIRUFINA CUMPANI OF TEARS			
		TY 70720		
	Box 1311, Big Spring,			· · · · · · · · · · · · · · · · · · ·
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion X	Oil Dry Ga	e []	
	Change in Ownership	Casinghead Gas Conden	isate	· · · · · · · · · · · · · · · · · · ·
	If change of ownership give name	THIS WELL HAS BEEN PLA	CED IN THE POOL	
	and address of previous owner			
		NOTIFY THIS OFFICE.		
н.	DESCRIPTION OF WELL AND I		-5981	
	Lease Name	Well No. Fuel Name, Including Fo	Armation Kind of Lease	Lease No.
	Federal "C"	1 Prairie Wolfca	mp. South State, Federal	or Fee Federal 002915
	_) Namet	1080	West
	Unit Letter <u> </u>	Feet From The North	and Feet From T	he
				1.
	Line of Section 20 Tow	nship 8-S Range	36-E , NMPM, Roosev	elt County
	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Oil	YY or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
			1	
	Mobil Pipe Line Company	1y	,	79701
	Name of Authorized Transporter of Cas	inghead Gas 📉 or Dry Gas 🧾	Address (Give address to which approve	ed copy of this form is to be sent)
	Cities Service Oil Con	npany	Box 300, Tulsa, OK 74	102
		Unit Sec. Twp. Ege.	Is gas actually connected? When	n
	If well produces oil or liquids, give location of tanks.		Yes 0	ctober 1, 1961
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	,
	COMPLETION DATA	-		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	n = (X) X		X X
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	8-3-60	12-10-78	9900	9515
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth 9171
	4124 DF	Wolfcamp	8990	91/1
	Perforations			Depth Casing Shoe
	8990-9005			9890'
	TUBING, CASING, AND CEMENTING RECORD			
		·····		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17-1/2"	13-3/8"	460'	450
	12-1/4" & 11"	8-5/8"	4213'	2700
	7-7/8"	5-1/2"	9890'	300
	/-//0	<u> </u>	,0,0	+
	L	L	<u></u>	۱ <u></u>
V.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil a	and must be equal to or exceed top allow-
	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas life	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	t, etc.)
	12-15-78	1-8-79	Pump	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs.	_	-	2"
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	Perindi Lioni Parind Last	3	3	Insuff. to test
	l		ر. 	LEPOULT. CO CCOC
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
				<u> </u>
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke:Size
	restrict Manual (heart pace his)			() (
	L	l		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
			JAN 31	1970 19
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		BY <u>BUPP</u> RVISOB DISTRICT	
above is true and complete to the best of my knowledge		best of my knowledge and hell I		
			TITLE	
	Assistant Dist. Manager of Production (Title)		This form is to be filed in c	compliance with RULE 1104.
			This form is to be filed in compliance with RULE 1104. 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. All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
A				
	January 29, 1979		Ditt out only Sections I II	, III, and VI for changes of owner,
	January 79. 1979		i Fill OUL ONLY SECTIONS 1. 11	1 TTP' MINT AT LOL CHIMINBAN AL
		ite)	well name or number, or transport	er, or other such change of condition.