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IRANSPORTER	OIL		
	GAS		
OPERATOR			_
PRORATION OFFICE			
Operator			

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65		
SANTA FE			
FILE	AUTHODIZATION TO TOAS	AND NSPORT OIL AND NATURAL	GAS
U.S.G.S.	AUTHURIZATION TO TRAF	NOTURE OIL AND NATURAL	GAU
LAND OFFICE	1		
TRANSPORTER GAS			
<u> </u>	1		
OPERATOR PROPATION OFFICE	†		
I. PRORATION OFFICE			
Lone Star Producing	Company		
Address			
Box 1815, Midland, T	exas 79701		
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 🗾 Conden	sate	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	Well No. Pool N me, Including Fo	nsylvanian	
Lease Name			NA NA
N. M. "B" Federal	3 South Prairie	Gisco State, Fede	eral or Fee Federal 050677-A
Location		_	
	60 Feet From The North Line	e and 1980 Feet Fro:	m The West
Unit Letter;		_	
Line of Section 28 To	waship 8 South Range 3	6 East , NMPM, Ro	County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Oi	or Condensale	Address (Give address to writer app	proved copy of this form is to be sent)
Mobil Pipeline Compa	E	Box 1073, Midland, Te	CAS (Y/UL
Name of Authorized Transporter of Ca	singhead Gas cr Dry Gas	1	proved copy of this form is to be sent)
Warren Petroleum Com	peration	Box 1589, Tulsa, Okla	thoma 741.02
	Unit Sec. Twp. Fige.	1.5 940 40.4411 00	When
If well produces oil or liquids, give location of tanks.	H 21 85 36 E	Yes	February 4, 1970
	ith that from any other lease or pool,	give commingling order number:	
If this production is commingled w. V. COMPLETION DATA	ith that from any other rease or poor,		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completi	on $-(X)$		· · · · · · · · · · · · · · · · · · ·
Date Spudded	Date Compl. Ready to Prod.	Total Dept's	P.B.T.D.
January 12, 1961	February 25, 1961	97581	97281
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
k107' G.L.	Bough "C" (Penn.)	96871	96601
Perforations	7 12 2000		Depth Casing Shoe
1	715', 2 holes per foot		97581
7-7-71-7	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/1	13-3/8" (D	1071	1,00 sx.
12-1/h"	8-5/8" OD	43331	1781 5%.
7-7/8"	5-1/2" (ID)	97581	700 #4.
1-1/0-	2-3/8" (D)	96601	
TI TOTAL AND DECISES !	FOR ALLOWARIE (Test must be a	after recovery of total volume of load	oil and must be equal to or exceed top allow
V. TEST DATA AND REQUEST 1	able for this de		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Date : Machieu On Hair 19 1 anns		:	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Langton Of Table	!		
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF
Morary 1 tons married 1 22.		i i	
CAC WET T			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. 1881-WCF/D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
leating Method (phot, back pr.)			
		OH CONSES	RVATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE	UIL CONSER	1970
		APPROVED	, 19
I hereby certify that the rules an	d regulations of the O:1 Conservation		La Company of the Com
	with and that the information given he best of my knowledge and belief.		27/10
above is time and complete to	-		
		TITLE	A VISTNIC!
6 1 1 1		. This form is to be filed	in compliance with RULE 1104.
1. C. 11. 12	Ken	If this is a request for s	allowable for a newly drilled or deepene
(Si	gnature)	well, this form must be acco	accordance with RULE 111.
Angladous Dindulat B	reduction Superintendent	Att meetions of this form	n must be filled out completely for allow
TABLE FOR DIP ATTOCK	Title)	able on new and recomplete	d Mette.
· ·		11	I, II, III, and VI for changes of owne sporter, or other such change of condition
Pebruary 26, 1970 (Date)		it are as sumber or trans	sporter, or other such change of condition

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

Secrete Forms C-104 must be filed for each pool in multiply