NO. OF COPIES RECI	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

III.

10

	DISTRIBUTION SANTA FE FILE	1	FOR ALLOWABLE C.	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
,	U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	ANSPORTOIL AND MATURAL	GAS	
1.	D. M. Norman				
	304 Central Bui		AS 79701 Other (Please explain)		
	New Well Recompletion Change in Ownership	Change in Transporter of: Oi: Dry Ga Casinghead Gas Conde	=		
	If change of cwnership give name and address of previous owner	Texam Oil Corporati	on		
II.	DESCRIPTION OF WELL AND Lease Name	Lease No. Well No. Pool Na	me, Including Formation	Kind of Lease State, Federal or Fee Fee	
	Weathersby Location		esand San Andres	n The West	
	_	Peet From The South Linuship 85 Range		evelt County	
			/	County	
III.	Name of Authorized Transporter of Oil	ar Condensate	Address (Give address to which app	roved copy of this form is to be sent)	
	Mobil Pipeline Co. Name of Authorized Transporter of Cas Warren Petroleum -		P.O. Box 1589, Tul	as, Texas roved copy of this form is to be sent) sa, Oklahoma	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 23 85 34 E	's gas actually connected? Yes	1963	
137	If this production is commingled with	th that from any other lease or pool,	give commingling order number:	No	
14.	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deeper.	Plug Back Same Resty, Diff. Resty,	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	12-26-62 Elevations (DF, RKB, RT, GR, etc.,	1-9-63 Name of Producing Formation	4780 Top Oil/Gas Pay	4767 Tuking Depth	
	4232 GR	San Andres	4650	4625 Depth Casing Shoe	
	Perforations 4637, 4643, 4653,	4657, 4664, 4666, 4	692, 4694,4697,4702		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	117	8 5/8 5 1/2	<u>442</u> 4780	0irc. 260 250	
	7 7/8	2 1/2	4625		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF	
	GAS WELL	1.	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test		Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure		
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		()	VATION COMMISSION		
		BY TITLE			
	Operator (Title)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepener		
			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. Fill out only Sections I, II, III, and VI for changes of owner		
	June 25, 1969	ate)	well name or number, or transp	orter, or other such change of condition	

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.