				_	
- 1	NO. OF COPIES RECE	IVED			
	DISTRIBUTIO	N			
	SANTA FE			_	
- 1	FILE				
	U.\$.G.\$.			_	
	LAND OFFICE				
	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
	PRORATION OFFICE				
	Operator				

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-	DISTRIBUTION SANTA FE	_	NSERVATION COMMISSIO	Form C-104 Supersedes Old C-104 and C-110
-	FILE		AND	Effective 1-1-65
	U.\$.G.5.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS	
	LAND OFFICE			
	TRANSPORTER OIL			
-	OPERATOR GAS			
. H	PROBATION OFFICE			
1.	Operator			
	Weldon S. Guest & I. J	. Wolfson		
Ī	Address	Services, Inc., Box 763,	Hobbs. New Mexico 88240	
	Reason(s) for filing (Check proper box)	bervices, Inc., box 100,	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Gas	Effective 8/1/73	
	Change in Ownership y	Casinghead Gas Condens	ate	
	f la series dive name		7 Y Y	2000
1	f change of ownership give name and address of previous owner	Clinton Oil Co., 217 N.	Water, Wichita, Kansas 67	202
	THE PARTY OF WELL AND T	FACE		
H. j	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For		Lease No.
	Coleman	2 Chaveroo San	Andres State, Federal or	Fee Pee
Ì	Location			W o orb
	Unit Letter L ; 19	50 Feet From The South Line	and 660 Feet From The	West
		Bonot	33 F. , NMPM, Roosevel	+ County
Į	Line of Section 24 Tow	mship 7 S Range	33 E , NMPM, Roosevel	
	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	5	
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	
	Mobil Pipe Line Compa	any	Box 900, Dallas, Texas Address (Give address to which approved	75221 copy of this form is to be sent)
	Name of Authorized Transporter of Cas	inghead Gas 📉 or Dry Gas		
	Cities Service Oil Co	Ompany Unit Sec. Twp. Rge.	Box 300, Tulsa, Oklahoma Is gas actually connected? When	3 /4102
	If well produces oil or liquids, give location of tanks.	L 24 7 S 33 E		6/25/66
		h that from any other lease or pool, g	zive commingling order number:	
IV.	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	OII Well add well	New Well Workover Deepen .	
		Date Compl. Ready to Prod.	Total Depth F	P.B.T.D.
	Date Spudded	Date Compilitional, to 1111		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	, , , , , , , , , , , , , , , , , , , ,			Depth Casing Shoe
	Perforations			Depth Casing Shoe
		THE CASING AND	CEVENTING RECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TODING 5:22		
				d - was be equal to or exceed ton allow
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil am pth or be for full 24 hours)	a must be equal to or exceed top access
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
	Date i not its a			G) A Circ
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Water-Bbis.	Gas - MCF
	Actual Prod. During Test	Oil-Bbls.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			<u> </u>	
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
			- (c)-+-(n)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
			OIL CONSERVAT	TON COMMISSION
VI.	CERTIFICATE OF COMPLIAN	CE		
		namilations of the Oil Consequation	APPROVED	, 19
		regulations of the Oil Conservation with and that the information given	<u> </u>	· ! ! :
	above is true and complete to th	e best of my knowledge and belief.		
			TITLE	

(Signature) Agent
(Title) 8/9/73

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 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.

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