DISTRIBUTION  SANTA FE FILE  ULSG.5.  LAND OFFICE  TRANSPORTE OLL  COPERATOR  AND ULL ISSAMIA SEGMENT OF CONSERVATION COMMISSION  REQUEST FOR ALLOWABLE AND ULL ISSAMIA SEGMENT OF CLOCK and C-12  Segmented Old C-104 and C-12  TRANSPORTE OLL  COPERATOR  TRANSPORT OLL AND NATURAL GAS  RESERVES FOR ALLOWABLE  TRANSPORT OLL AND NATURAL GAS  TRANSPORT OLL AND NATURAL GAS  THE COMMISSION  OFFICE  THE COMMISSION  OPERATOR  THE TRANSPORTER OFFI  THE COMMISSION  ON THE CONTROL OFFI  THE COMMISSION  ON THE COMMISSION  ON THE COMMISSION  ON THE COMMISSION  ON THE COMMISSION  THE COMMISSION  ON THE COMMISSION  THE COMMISSION  ON THE COMMISSION  THE COMMISSION							
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RECOUST FOR A LLOWAGE   Street   Superante Oil Close and Crit U.S.G.S.    U.S.G.S.   AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS    Superanton Office   Copermor			1	444 - 1737 8. <b>0.</b>	C.		
REGULES FOR ALLUMAND ALLUMAND ALLUMAND ALLUMAND ALLUMAND AND ALLUMAND OFFICE  IT AND OFFICE  IT AND OFFICE  OPERATION OFFICE  IT AND LEASE  Lease Notes  Prophilists of Section  Township  The Strom		<u> </u>	NEW MEXICO OIL. C	CONSERVATION COMMISSION			
AUTHORIZATION TO TRANSPORT OL AND NATURAL GAS  LAND OFFICE  FRANSPORTER  OLD  OPERATION  PROPATION OF FICE DID DUDGED  Address  P. U. Box 1797, dictred, Times  Recogn(s) for filling (facek proper box)  Address  P. U. Box 1797, dictred, Times  Recogn(s) for filling (facek proper box)  Consequence of the model of the control of the cont			REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11  Effective 1-1-65		
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Comment   Comm		TRANSPORTER		ì			
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Champlin P. Breland Bospany   Consequence	I.	<u> </u>					
Reson(s) for filing (Check proper box) New Well Recompletion Oil Casinghead Gas Condensate  If change of ownership give name and address of previous owner  III. DESCRIPTION OF WELL AND LEASE Leane None Per 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		ł ·					
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Recompletion Cli Change in Ownership give name and address of previous owner  If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, including Formation  Ease Name  Porty 11-16 and 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Reason(s) for filing (Check proper box,		Other (Please explain)			
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II Change of ownership give name address of previous owner  II. DESCRIPTION OF WELL AND LEASE.  Lease Name  Well No. Fool Name, Including Formation  Unit Letter  I. Contine  I. C		Recompletion	Oil Dry Go	ıs 🔲			
II. DESCRIPTION OF WELL AND LEASE  Lease Name    Party   11		Change in Ownership	Casinghead Gas 🔼 Conde	nsate			
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HILDESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil			T T OIL V 101-0-11	TOUR STATE			
HILDESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil		660	Park Park Park (C. 11)	610	The state of the s		
Name of Authorized Transporter of Oil  or Condensate		Unit Letter;			THE		
Name of Authorized Transporter of Oil   or Condensate   Adacess (Give address to which approved copy of this form is to be sent)   Permian Corporation   Adacess (Give address to which approved copy of this form is to be sent)   Condensate   Organical Transporter of Casinghead Gas   or Dity Gas   Address (Give address to which approved copy of this form is to be sent)   Condensate   Organical Transporter of Casinghead Gas   or Dity Gas   Address (Give address to which approved copy of this form is to be sent)   Condensate   Organical Transporter of Casinghead Gas   Or Dity Gas   Address (Give address to which approved copy of this form is to be sent)   Condensate   Organical Transporter of Casinghead Gas   Or Dity Gas		Line of Section (7) Tow	vnship 7-0 Range -	, NMPM, 1000	County		
Name of Authorized Transporter of Oil   or Condensate   Adacess (Give address to which approved copy of this form is to be sent)   Permian Corporation   Adacess (Give address to which approved copy of this form is to be sent)   Condensate   Organical Transporter of Casinghead Gas   or Dity Gas   Address (Give address to which approved copy of this form is to be sent)   Condensate   Organical Transporter of Casinghead Gas   or Dity Gas   Address (Give address to which approved copy of this form is to be sent)   Condensate   Organical Transporter of Casinghead Gas   Or Dity Gas   Address (Give address to which approved copy of this form is to be sent)   Condensate   Organical Transporter of Casinghead Gas   Or Dity Gas							
Permian Corporation  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Gue address to which approved copy of this form is to be sent)  Onther, Inc.  If well produces oil or liquide, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Tubing, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 allow oil, WELL)  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)	Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Unit 10.  If well produces oil or liquide, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Tubing Depth  Perforations  Tubing CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)		T -					
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Length of Test Tubing Pressure Casing Pressure Choke Size		Date First New Oil Run To Tanks	Date of teer	Lindactif Mariod (t. 10m) bamb, fas	-,-, -,-,		
		Length of Test	Tubing Pressure	Casing Pressure	Choke Size		

OII, WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	· · · · · ·
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF	<u> </u>
i				

GAS WELL Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.)

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

•	
767 1 1320017	
H. M. Jreyn (Signature) Listrict Cup rintendent	
ristrict Dip rintendent	
(Title)	
June 25, 1566	_
(Date)	

## OIL CONSERVATION COMMISSION

APPROVED	11 19
TITLE	TE CON

This form is to be filed in compliance with BULE 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 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 completed wells.