	EIVED	ĺ	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
I RANSPORTER	OIL		
	GAS		
OPERATOR			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.S.G.S.		AUTHOR	RIZATION	TO TRA	NSPOR	T OIL AND NA	ATURAL G	AS		
LAND OFFICE							_			
TRANSPORTER G	<del> </del>									
OPERATOR										
I. PRORATION OFFICE Operator							<del></del>			
The Wiser Of	.1 Compa	ny forme	rly Sc	outher	n Pet	roleum Ex	(plorat	ion,	Inc.	
Box 1434, Ro	swell.	New Mexi	.00 88	3201		_	Same			
Reason(s) for filing (Che	ck proper box)	Chamae to 5	Fransporter (	-6.		Other (Please e				oration
Recompletion		Oil		Dry Gas	. 🗆					The Wise:
Change in Ownership		Casinghead	Gas 🗌	Conden	sate	O11 Com	pany"			
If change of ownership and address of previous										
II. DESCRIPTION OF W	ELL AND L		ool Name, I	naludina Fa		····	(ind of Lease			
State K			Chaves				tate, Federal		State	K-2672
Location <b>D</b> Unit Letter	660	Feet From	The Nort	<b>.h</b> Line	and	660	Feet From T	he	West	
Line of Section 36	Town	7-5			3-E	, NMPM,	R	0050	velt	County
II. DESIGNATION OF T	RANSPORTI	ER OF OIL A	ND NATU	URAL GAS	5					
Name of Authorized Tran	Name of Authorized Transporter of Oil or Condensate Mobil Pipeline Company			Address (Give address to which approve Box 900, Dallas, To						
Name of Authorized Tran			or Dry G	as 🗀		(Give address to			74003	to be sent)
If well produces oil or li- give location of tanks.	guids,	E Sec.	7-S	7.33-E	-	Yes	? Whe		mber 1,	1966
If this production is co	nmingled with	that from any	other leas	e or pool,	give com	mingling order r	ıumber:	Nen	6	6
V. COMPLETION DATA			Well C	Gas Well	New Wel	1 Workover	Deepen	Plug B	ack   Same Res	s'v. Diff. Res'v.
Designate Type o	f Completion	- (X)				† •	! !	! ! !		
Date Spudded		Date Compl. Red	ady to Prod.		Total De	pth		P.B.T.	D.	
Elevations (DF, RKB, RC	GR, etc.;	Name of Produc	ing Formatio	on	Top Oil/	/Gas Pay		Tubing	Depth	
Perforations								Depth (	Casing Shoe	
		TU	BING CAS	SING AND	CEMEN	TING RECORD				
HOLE SIZ			TUBING			DEPTH SET			SACKS CEN	MENT
								i		
V. TEST DATA AND R	EQUEST FO	R ALLOWAB				ery of total volume for full 24 hours)	of load oil a	nd must	be equal to or	exceed top allow
OIL WELL Date First New Oil Run	Tanks	Date of Test		70 0000 007	<u> </u>	ng Method (Flow,	pump, gas lift	, etc.)		
					Castna	Pressure		Choke	Size	
Length of Test		Tubing Pressure	•		Caning :	-1400ma				
Actual Prod. During Tes		Oil-Bbls.			Water - B	ble.		Gas - M	CF	
GAS WELL								<del></del>		
Actual Prod. Test-MCF.	Ď	Length of Test			Bbls. Co	ondensate/MMCF		Gravity	of Condensate	•
Testing Method (pitot, be	ick pr.)	Tubing Pressure	(Shut-in	)	Casing F	Pressure (Shut-i	.n)	Choke	Size	
VI. CERTIFICATE OF C	CERTIFICATE OF COMPLIANCE		,			TION	COMMISSIO	N		
					ДРР	AF	R 22	1971		19
I hereby certify that the Commission have been	complied wit	th and that th	e informati	on given		Inst 1		11	200	
above is true and com	above is true and complete to the best of my knowledge and belief.		BY	SIP	ERVISOR	DISTI	Mex 1			
					TITL	<del>/</del> ———		- 2		
MI 1	1:1	,			74	his form is to b this is a reque	at for allow	able for	a newly drill	ed or deepened
District Ma	District Manager (Signature)			11	this form must l taken on the we	ACCOMDS:	iled by	a tabulation o	of the deviation	
Draftyrer Lan										staly for allow-

(Title)

(Date)

April 7, 1971

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

RECEIVED

APR 6 1971

OIL CONSERVATION COMM. HOBES, A. MA