DISTRIBUTION SANTA FE		ISERVATION COMMISSION DR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Elloctive 1-1-55	
FILE		AND SPORT OIL AND NATURAL GAS		
LAND OFFICE		۲. ۲		
TRANSPORTER GAS				
OPERATOR PRORATION OFFICE				
Operator LAYTON ENTERPRIS	SES, INC.			
Address				
Reason(s) for filing (Check proper box)	eet, Lubbock, Texas 79423	Other (Please explain)		
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condense		e September 8, 1976	
if change of ownership give name M and address of previous owner	JRPHY MINERALS CORPORATIO	N, P.O.Drawer 2164, Roswe	11, New Mexico 88201	
DESCRIPTION OF WELL AND L	EASE	mation Kind of Lease	Lecse No.	
Gates State	Well No. Pool Name, Including For 1 Todd Lower Sa		-	
Unit Letter :46	D Feet From The North Line	and Feet From Th		
Line of Section 32 Tow	nshtp 7S Range 3	6E , NMPM, ROOSE	velt County	
I. DESIGNATION OF TRANSPORT	or Condensate	Addited forthe end see in		
Mobil Pipe Line Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas		P. O. Box 900 Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)		
Cities Service Oil Company		Bluitt Gasoline Plant, Milnesand, N.M. 88125		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. D 32 7S 36E	Yes	4-30-68	
If this production is commingled wit	h that from any other lease or pool, p	give commingling order number:		
V. COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v, Diff. Res'	
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
L levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
			Depth Casing Shos	
fretforations				
HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE				
		fter recovery of total volume of load oil o	ind mus: be equal to or exceed top all	
V. TEST DATA AND REQUEST F OIL WELL	cble for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif		
Dute First New Oil Run To Tanks	Date of Test		•	
Longth of Tost	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	Gas-MCF	
GAS WELL Actual Frod. Topt-MCF/D	Longth of Test	Bbla. Condenagle/MMCF	Gravity of Condensate	
Testing Herbod (pitot, back pr.)	Tubing Prossure (Shut-in)	Casing Prossure (Shut-in)	Choke Size	
A. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TIDE COMMISSION	
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.		APPROVED, 19		
		BYJohn Renya. TITLEGeologist		
			TITLE Geologist	
Donald to Sayton		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepe		
(Stgna;Lre)		well, this form must be accompanied by a typinition of the second state taken on the well in accordance with MULE 111.		
President - Layton Enterprises, Inc.		All sections of this form must be filled out completely for all		
9-17-76		Fill out only Sections I. II. III, and VI for changes of ow well name or number, or transporter, or other such change of cendin		
(Date)		Separate Forms C-104 must be filed for each pool in mult completed welts.		

.

REDENED

· 1978

CHE CONSERVATIONI COMM. Hobby N. M.