NO. OF COPIES REC	EIVED	ĺ	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
I NAME ON LA	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COM-

	SANTA FE		PEOLIEST	FOR ALLOWABLE		Supersedes Old	C-104 and C-116
	FILE	NE GOEST	AND		Effective 1-1-65		
	U.S.G.S.		AUTHORIZATION TO TRA		NATURAL G	Δς.	
	LAND OFFICE		ASTRONIZATION TO TRA	AITO OIL AITO	MATOKAL	~ 3	
	OIL		\exists				
	TRANSPORTER GAS		7		·		
	OPERATOR						
1.	PRORATION OFFICE						
	Operator						
	Kavanau Real Estat	to D	rust				
	Address						
	c/o Oil Reports &	Gas	Services, Inc., Box 763,	Hobbs New Men	deo 88240		
	Reason(s) for filing (Check pr	oper bo		Other (Pleas	e explain)		
	New Well		Change in Transporter of:	□ Effecti	ve June 1	1971	
	Recompletion		Oil Dry Go	**		, -/:-	
	Change in Ownership		Casinghead Gas Conde	nsate			
	If change of ownership give	name					
	and address of previous owr		Monitor Petroleum Corpor	ation, Box 763,	Hobbs, N	ew Mexico 88240)
						NN OFGSTOO A	1
II.	DESCRIPTION OF WELL	LAND	Well No. Pool Name, Including F	Cormation	Kind of Lease	NM-0533777-A	Lease No.
					State, Federal		Above
	Humble Federal		5 Chaveroo-Sa	n Andres		Lenetet	ADOVE
	Location						
	Unit Letter <u>B</u> ;	66	Feet From The North Lin	ne and1980	Feet From T	he Kast	
	26	•	ownship 7 & Range	32 K , NMPI	, B	14	County
	Line of Section 26		ownship 7 8 Range	32 E , NMPI	", KOO	sevelt	County
***	DESIGNATION OF TRAN	ve PAI	RTER OF OIL AND NATURAL GA	48			
111.	Name of Authorized Transport	er of O	or Condensate	Address (Give address	to which approx	ed copy of this form is to	be sent)
	Mobil Pipe Line (Box 900, Dal	les Teve	•	
	Name of Authorized Transport	er of C	asinghead Gas 🔽 or Dry Gas 🗔	Address (Give address	to which approv	ed copy of this form is to	be sent)
	None - Injection		•				
			Unit Sec. Twp. P.ge.	Is gas actually connec	ted? Whe	'n	-
	If well produces oil or liquids give location of tanks.	•	E 26 7S 32E	No	İ		
	<u> </u>	1 . 4	with that from any other lease or pool,		er number		1
	If this production is commin COMPLETION DATA	igrea w	vith that from any other lease or poor,	give comminging orde			
			Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Resiv.
	Designate Type of Co	mplet	ion - (X)		 	I I	f 1
	Date Spudded		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, GR	R, etc.j	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
				1		5 11 0-11 11 01-1	
	Perforations					Depth Casing Shoe	
			TUBING, CASING, AN			1	
	HOLE SIZE		CASING & TUBING SIZE	DEPTH S	ET	SACKS CEM	ENT
						 	
				<u> </u>	4	1	
V.	TEST DATA AND REQU	EST I	FOR ALLOWABLE (Test must be able for this d	after recovery of total vol epth or be for full 24 how	ume of load oil: s)	and must be equal to or e	xceed top ditow-
	OIL WELL Date First New Oil Run To To	ank s	Date of Test	Producing Method (Flo		(t, etc.)	
	Bulle Phat New Officer 19 1						
	Length of Test		Tubing Pressure	Casing Pressure	·	Choke Size	
	Langui or root						
	Actual Prod. During Test		Oil-Bbis.	Water - Bbls.		Gas - MCF	
	\			<u> </u>			
	GAS WELL						
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMC	CF .	Gravity of Condensate	
	Testing Method (pitot, back p)r.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
¥,=	CERTIFICATE OF COM	DITA	NCE	OIL	CONSERVA	TIQN COMMISSION	N
¥ I.	CERTIFICATE OF COMPLIANCE			111N 2 3	TION COMMISSION		
	T hanabu aansidu shas sha!	les sor	d regulations of the Oil Conservation	II APPROVED	~~((7) .	19
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			+41/A	Parel		
	above is true and complet	bove is true and complete to the best of my knowledge and belief.			FRITTO	R DISTRICT	·
				11 Z/ BUT	ALLEV LUNCY	\mathbf{n} DMINIOL I	<u> </u>

VI

Wonse Holles (Signature)
(Signature)
(Title)
6/18/71 (Date)
(Date)

(JUN-2	3 19	COMMI	331UN 19	
APPROV	>yl	7	X In	Well-		
TITLE_	SUPI	ERVIŠC	DR D	BIRIC	CTI	
· · · · · · · · · · · · · · · · · · ·						

This form is to be filed in compliance with RULE 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

RECEIVED

JUN 221971
OIL CONSERVATION COMM.
HOBBS, N. M.