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FILE		
U.S.G.S.		
LAND OFFICE		
	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

6-22-67

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	FILE		ANDIODES OFFICE U. C. C.		
Ī	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	1 5	
	LAND OFFICE	AOTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA		
	OIL		2011 72 1 17 1 1 01		
	TRANSPORTER GAS	-			
		-			
	OPERATOR				
I.	PRORATION OFFICE				
	Operator	9.3.0			
	Asleniée lichiis				
	Address				
	Box 1998 - Foswe	ill, New Mexico 88201			
	Reason(s) for filing (Check proper box	1	Other (Please explain)		
	l " " " " " " " " " " " " " " " " " " "		To charge trans	wier of essinghead fas	
	New Well	Change in Transporter of:	Treat Break Burns	ni, to Gilling foo. Old Or	
	Recompletion	Oil Dry Ga:	s		
	Change in Ownership	Casinghead Gas 🔛 🏪 Conden	sate		
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE	me, Including Formation	Kind of Lease	
	Lease Name	i i i i i i i i i i i i i i i i i i i	bas Fangaylannian		
	Mosa Faderel	ME-017483CA 2 To	oas randay zoniesa	State, Federal or Fee Paderal	
	Location				
	19	980 South	e and Feet From T	1 % 8 %	
	Unit Letter;	Feet From TheLin	5 d.i.d 1 66t 1 f0iii 1		
	27	8S Banas	33. NMPM. (1957)	County	
	Line of Section To	wnship Range	, NMPM,	County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S		
			Address (Give address to which approv		
	Mobil Pipe line Compa		P. O. Res 900, Imalias		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)	
	Sities Service Oll Co		Cities Service Fldgo,	fortiosed No. Okla.	
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
	If well produces oil or liquids,	1 K 17 8S 33E	, g	3 - 13 55	
	give location of tanks.			.9 F. F.	
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	tion that them any times are as proof,			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on $-(X)$			
	Day Coulded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date Compi. Reday to Piou.	Total Beptii		
				T. 1. 12 13	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	9/10/11/02/11/02/11/02			
			<u> </u>	<u></u>	
1 /	TEST DATA AND REQUEST F	FOR ALLOWARLE (Test must be a	fter recovery of total volume of load oil o	and must be equal to or exceed top allow-	
٧.	OIL WELL	able for this de	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	I doing Fless at			
			Til	Gas - MCF	
			Water-Bbls.	Gda-MO1	
	Actual Prod. During Test	Oil-Bbls.	I		
	Actual Prod. During Test	OII-Bais.			
	Actual Prod. During Test	Oli-Bais.			
		Oli-Bais.			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Bbls, Condensate/MMCF	Gravity of Condensate	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test			
	GAS WELL		Bbis. Condensate/MMCF Casing Pressure	Gravity of Condensate Choke Size	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Casing Pressure	Choke Size	
VI	GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure	Casing Pressure		
VI.	GAS WELL Actual Prod. Test-MCF/D	Length of Test Tubing Pressure	Casing Pressure	Choke Size TION COMMISSION	
VI	GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN	Length of Test Tubing Pressure	OIL CONSERVA	Choke Size	
VI	GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and	Length of Test Tubing Pressure NCE regulations of the Oil Conservation with and that the information given	OIL CONSERVA	Choke Size TION COMMISSION	
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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.