NO. OF COPIES RECEIVED		-		
DISTRIBUTION	NEW MEXICO OIL			
SANTA FE		- REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1.		
U.S.G.S.		AND Effective 1-1-65		
LAND OFFICE		ANDFORT OIL AND NATURAL (	542	
TRANSPORTER GAS				
OPERATOR				
I. PRORATION OFFICE			· · · · · · · · · · · · · · · · · · ·	
THE WIL-MC	OIL CORP.			
Address 3005 Fideld	ty Union Tower, Dalla	<b>. </b>		
Reason(s) for filing (Check proper	box)	<b>S, Texas</b> 75201 Other (Please explain)		
New Well Recompletion	Change in Trans; orter of;	Change from Mo	bil Oil Corporation	
Change in Ownership	Oil Dry G Casinghead Gas Conde	ensate   to Gandy Const	truction Company	
If change of ownership give nam				
and address of previous owner _				
II. DESCRIPTION OF WELL AN	D LEASE			
Lease Name		ame, Including Formation	Kind of Lease	
Annie Davis	1 Cha	veroo, San Andres	State, Federal or Fee Fee	
Unit Letter <b>C</b> ;	660 Feet From The North	ne and <b>1980</b> Feet From T	The West	
Line o: Section 9 ,				
and of costion y ,	Township <b>85</b> Range	33E , NMPM, Ch	LAVES County	
II. DESIGN / TION OF TRANSPO Name of / uthorized Transporter of	ORTER OF OIL AND NATURAL G			
	••	Address (Give address to which approv	,	
Gandy Construction Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Box 827, Tatum, New Address (Give address to which approv	ed copy of this form is to be sent)	
None	Unit Sec. Twp. Bge.			
If well produces oil or liquids, give locat on of tanks.	C 9 88 33E	Is gas actually connected? Whe	n	
If this pro luction is commingled	with that from any other lease or pool,			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Besty, Diff Besty	
Designate Type of Comple	etion $-(X)$	Now werr workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spud led	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Tep Cil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil a epth or be for full 24 hours)	nd must be equal to or exceed top allow	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
Length of Test	Tubing Pressure	2.1.2		
	. abiiig Fressure	Casing Pressure	Choke Size	
Actual Prod. During Test		Water-Bbls.	Gas - MCF	
GAS WELL	A S MAR MAY			
Actual Prod. Test-MCF/D	Bength of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tuping Pressure	Casing Pressure	Choke Size	
		,	Choke 512e	
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION	
I hopphy postify that the sules as				
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		
above is true and complete to	ne best of my knowledge and belief.	John Russe	3	
		TITLE Geologist		
Jacef 13. MF. Cully		This form is to be filed in compliance with RULE 1104.		
(Signature)		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		
Président		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
	Title) 975	able on new and recompleted well		
· · · · · · · · · · · · · · · · · · ·	'Date )		and VI only for changes of owner, r, or other such change of condition.	

Fill out Sections I, II, III, and VI only 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

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