1	NO. OF COPIES RECE	IVED				
1	DISTRIBUTIO	DISTRIBUTION				
	SANTA FE					
	FILE					
	U.S.G. <b>S</b> .			Ĺ		
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
1.	PROBATION OFFICE		<u> </u>	<u> </u>		
	Bristol Resources					
	Address 3601 E.	51st	., S	ui		
	Reason(s) for filing (Check proper box					

11.

Ш.

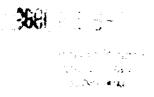
IV.

DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE		AND SPORT OIL <b>AND NATUR</b> AL GAS		
LAND OFFICE	AUTHORIZATION TO TRAIN	of oil oil and natoline one		
I RANSPORTER OIL		•		
GAS				
PROBATION OFFICE				
Operator D. inhall Danguages	Comparation			
Bristol Resources				
3601 E. 51st, Suit	e B, Tulsa, OK <b>74</b> 135			
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)		
New Well  Recompletion	Oil Dry Gas			
Change In Ownership X	Casinghead Gas Condensa	ate		
f change of ownership give name nd address of previous owner	Union Pacific Resources Co	ompany, 1000 Louisiana, S	Suite 3000, Houston TX 77002	
DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind of Lease	Lease Nc.	
Lease Name Levick "6" State	1 Chaveroo (San		Fee State 00-528	
Location				
Unit Letter K	1980 Feel From The South Line	and 1980 Feet From The	. <u>Nest</u>	
<del></del>	waship 8-S Range -32	2-E-33 , NMPM, Chaves	County	
Line of Section D Tov	wnship 8-S Range 32			
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	TA  Address (Give address to which approve	d copy of this form is to be sent)	
Name of Authorized Transporter of Oil	or Condensate	7.30.200 (0.00)		
Mobil Pipeline Name of Authorized Transporter of Car	singhead Gas 👿 or Dry Gas 🗔	Address (Give address to which approve	_	
Gities Service Company	+ OXY NGL	Box 300, Tulsa, Oklahoi 1s gas actually connected? When		
If well produces oil or liquids,	Unit Sec. Twp. P.ge. H 1 8-S 32-E	Yes !	3-11-76	
give location of tanks.	th that from any other lease or pool, g	· · · · · · · · · · · · · · · · · · ·		
If this production is commingled wi COMPLETION DATA		New Wei. Workover Deepen	Flug Back Same Rest Diff. Restv.	
Designate Type of Completi			· · · · · · · · · · · · · · · · · · ·	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		To OV (Coo Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gil/Gas Pay		
Perforations			Depth Casing Shoe	
		A SECORD		
	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & I USING SIZE			
	<del></del>			
DECLIFET S	OP AT LOWARIE (Test must be of	fter recovery of total volume of load oil a	nd must be equal to or exceed top allo	
TEST DATA AND REQUEST FOIL WELL	able for this dep	pth or be for full 24 hours) Producing Method (Flow, pump, gas life		
Date First New Oil Run To Tanks	Date of Test	Producting Martines (1. 100)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Landin or 1994		Water - Bbls.	Gas - MCF	
Actual Prod. During Test	Oil-Bble.	water - Bate.		
GAS WELL		100 CO CO	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pri)				
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION	
		ADDROVED -	. 19	
I hereby certify that the rules and	d regulations of the Oil Conservation with and that the information given he had of my knowledge and belief.	Orig. Signed by Paul Kautz Geologist		
above is true and complete to t	he best of my knowledge and belief.			
	1	TITLE		
	1		compliance with RULE 1104.	
Sue Dia	'lly	If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation well, this form must be accordance with RULE 111.		
Sue Dipley Admin	intrative Manager			

(Title) 9/30/88 (Date

All sections of this form must be filled out completely for allow able 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 multiple completed wells.



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