NO. OF COPIES RECEIVED							
DISTRIBUTION					Ī		
SANTA FE							
FILE							
U.S.G.S.							
LAND OFFICE							
TRANSPORTER OIL GAS		OIL					
		[G A S				
OPERATOR							
PRORATION OFFICE			L				
Operator							
	Brist	tol	Resc	ur	.c	es	
Address	3601	Ε.	51st	,	S	ui	
1							

1	NO. OF COPIES RECEIVED					
	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C -104		
	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS		
	LAND OFFICE		179	to the second of the second		
	OIL					
	TRANSPORTER GAS		in the state of th			
	OPERATOR		±an y			
	PROPATION OFFICE					
•	Operator	<u> </u>	-			
	Bristol Resources	Corporation	•	 1 		
ı	Addition			9,00		
	3601 E. 51st, Suit	e B, Tulsa, OK 74135				
- 1	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	OII Dry Gas	· []			
- 1	Change in Ownership X	Casinghead Gas Condens	sate 🔲			
ł	Gridings in Contactoring 25					
	If change of ownership give name	luion Donifia Dagaymana C	Company 1000 Louisians	Suita 2000 Houston TV		
1	and address of previous owner	inion Pacific Resources L	ompany, roug cours rand	s, Suite 3000, Houston,TX		
				77002		
ш.,	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.		
	-	1		eral or Fee State NM 5144		
	State 5-8-33	4 Chaveroo (Sar	I Andres)	State III 1 3144		
	Location	N	1000	Mast		
	Unit Letter F ; 198	BO Feet From The North Line	and 1980 Feet From	m The West		
	Line of Section 5 Tow	mship 8-5 Range	33-Е , ммрм,	Chaves County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)		
1	Mobil Pipeline					
ļ	Name of Authorized Transporter of Cas	inghead Gas 💢 or Dry Gas 🗔	!	proved copy of this form is to be sent)		
	Cities Service Company	0 X V N 6 L	Box 300, Tulsa, Okla	ahoma 74102		
		Unit Sec. Twp. P.ge.		When		
	If well produces oil or liquids, give location of tanks.	G 5 8-S 33-E	Yes	9-15-76		
,	·	<u></u>	<u> </u>			
		h that from any other lease or pool,	give commingting order number.			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.		
	Designate Type of Completion	on - (X)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Bute Compt. Heady to From				
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Pointation	100 0, 345 1. 1,			
				Depth Casing Shoe		
	Perforations			Sopiii Saadi, saas		
		TUBING, CASING, AND	CEMENTING RECORD	24 24 2 2 4 2 4		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			1	· 		
		OP ATTOWARTE /Tank	fter recovery of total volume of load	oil and must be equal to or exceed top allow		
٧.		able for this de	pen or be jor just by mome,			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Test®	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Leeks	,				
	A Seed Busine Tool	Oil - Bbls.	Water - Bbls.	Gae - MCF		
	Actual Prod. During Test	5.1. 2.1.5.				
		<u> </u>	<u> </u>			
	GAS WELL	To an administration of the second	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bats. Condensate/ MMCr			
			10000	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size		
			<u> </u>			
179	CERTIFICATE OF COMPLIANCE			VATION COMMISSION		
VI.			FFR 1 0 1000			
		completions of the Oil Consequetion				
	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.		Orig. Signed by			
			Poul Kouts Geologist TITLE			
			11			
		1	This form is to be filed	in compliance with RULE 1104.		

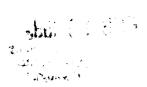
Sue	Old (Signarys)	1
Sue Dipley	(Signature) Administrative	Manager
	(Title)	
	9/30/88	
	(Date)	

This form is to be filed in compliance with RULE 1104.

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 tests taken on the well in accordance with RULE 111.

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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OCT 1 0 1988

OCD HOBBS OFFICE