NO. OF COPIES RECI	EIVED			
DISTRIBUTION			<u></u>	
SANTA FE				
FILE				
U.S.G.S.			L.	
LAND OFFICE				
IRANSPORTER	OIL		<u> </u>	
	GAS		<u> </u>	
OPERATOR			_	
PRORATION OFFICE		<u> </u>	<u> </u>	
Operator				
Bristol Resources				
Address 3601 F	51st		Sui	

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
- 1	FILE		AND	المراجعة ا		
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL TOPAS			
	LAND OFFICE					
	OIL		Section 1	\$ A		
	TRANSPORTER GAS	7	€.¥ ≥.i	्र (
	OPERATOR					
	PRORATION OFFICE					
•••	Operator					
	Bristol Resource	s Corporation		હૈ કી રહી ર		
	Address 3601 E. 51st, Suite B, Tulsa, OK 74135					
			101 101			
	Reason(s) for filing (Check proper b		Other (Please explain)			
1	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas				
	Change in Ownership X	Casinghead Gas Condens	ate			
	If change of ownership give name and address of previous owner	Union Pacific Resources Co	ompany, 1000 Louisiana, S	uite 3000, Houston, IX		
	77002					
11.	DESCRIPTION OF WELL AN	D LEASE	emation Kind of Lease	Lease No.		
	Lease Name	Well No. Pool Name, including For		. I		
	State 5-8-33	3 Chaveroo (San	Andres)	Fee State NM 5144		
	Location			Hont		
	Unit Letter;	1980 Feet From The South Line	and 660 Feet From The	<u>West</u>		
	Olive Better					
	Line of Section 5	Township 8-S Range	33-E , NMPM, (Chaves County		
				·		
Ш.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	Address (Give address to which approved	conv of this form is to be sent!		
	Name of Authorized Transporter of	Oil 🔀 or Condensate 🗌	Address (Give address to which approved	copy by this your is to be said,		
	Mobil Pipeline		Address (Give address to which approved	convol this form is to be sent!		
	Name of Authorized Transporter of	Casinghead Gas 👿 or Dry Gas 🗔		l l		
	Cities Service Compa	my OXY NGL	Box 300, Tulsa, Oklahom	a 74102		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected? When			
	give location of tanks.	G 5 8-S 33-E	Yes	10-12-76		
	ze di la conduction in commingled	with that from any other lease or pool,	give commingling order number:			
ıv	COMPLETION DATA			Plug Back Same Resty. Diff. Resty.		
• • •		011	New Well Workover Deepen	stud Back Same Hos III		
	Designate Type of Comple	etion – (A)	<u> </u>	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	B. 1.D.		
	Ì			Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc	, Name of Producing Formation	Top Oil/Gas Pay	I uping Deptil		
				Depth Casing Shoe		
	Perforations					
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	34013 022		
			<u> </u>			
v	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil an	d must be equal to or exceed top attow		
•	OIL WELL		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	etc.)		
	Date First New Cil Run To Tanks	Date of Test	Producing Method (From, pump, gos 11)1.	,		
				Choke Size		
	Length of Test 9	Tubing Pressure	Casing Pressure	Chore of the		
				Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	GGE - MO.		
	GAS WELL			Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-is)	Choke Size		
	1					
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION FFB 1 0 1989 . 19				TION COMMISSION		
to the city of a second			75 5 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
	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.		The sal K 011126			
			Geologist			
			TITLE			
			This form is to be filed in compliance with RULE 1104.			
			This form is to be filed in compliance with delivery of the compliance with the compli			

(Signature) Administrative Manager

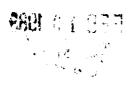
(Title) 9/30/88 (Date)

If this is a request for allowable for a newly drilled or deepen-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 conditions.

Separate Forms C-104 must be filled for each pool-in multiple completed wells.



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