NO. OF COPIES RECEIVED				
DISTRIBUTION	-		Form C-104	
SANTA FE	=1	CONSERVATION COMMISSION FOR ALLOWABLE	Supersedes Old C-104	1 and C-11
FILE	The state of the s	AND	Ellective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATU	RALĮ <b>PA</b> S	
LAND OFFICE			00107566	
TRANSPORTER OIL	4		gang ang ang ang ang ang ang ang ang ang	
GAS	4		OLCUN. "	
PRORATION OFFICE	-		DIST 3	
Operator				
Bristol Resources	Corporation			<del> </del>
Address 3601 E. 51st. Sui	te B, Tulsa, OK 74135			
Reason(s) for filing (Check proper bo		Other (Please explai	n)	
New Well	Change in Transporter of:			
Recompletion	OII Dry G	as [		
Change in Ownership X	Casinghead Gas Conde	ensate		
•	Union Pacific Resources	Company, 1000 Louis	iana, Suite 3000, Houst 77	on ,TX 7002
DESCRIPTION OF WELL AND	Well No. Pool Name, Including I	Formation Kind	``	ease No.
State 5-8-33	8 Chaveroo (Sa	an Andres) State,	Federal or Fee State NM 51	144
Location			114	
Unit Letter K; 198	BO Feet From The South Li	ne and <u>1980</u> Fee	t From The West	
Line of Section 5 To	ownship 8-S Range	33-E , NMFM,	Chaves	County
Line of Section 3 To	itempo (	<u>, , , , , , , , , , , , , , , , , , , </u>		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of O	or Condensate	Address (Give address to which	h approved copy of this form is to be s	· · · · · · · · · · · · · · · · · · ·
Mobil Pipeline	rsinghead Gas (V) or Dry Gas	Address (Give address to which	h approved copy of this form is to be	sent)
Name of Authorized Transporter of C		Box 300, Tulsa,		
Cities Service Compar	Unit Sec. Twp. Pge.	Is gas actually connected?	, When	
If well produces oil or liquids, give location of tanks.	G 5 8-S 33-E	Yes	9-30-76	
If this production is commingled w	ith that from any other lease or pool	, give commingling order numb		
COMPLETION DATA	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Resty. D	Diff. Rest
Designate Type of Complet	ion – (X)	1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top On/Ods Fdy	, , , , , ,	
Perforations			Depth Casing Shoe	
Periorations				
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	<u></u>
		t and and and and and	load oil and must be equal to or excee	d top allo
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this	depth or be for full 24 hours)	toda ott ana mast ov equal to a care	
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum	p, gas lift, etc.)	
		<u> </u>	Chaha Sina	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water Bhia	Gge - MCF	<del></del>
Actual Prod. During Test	Otl-Bbis.	Water - Bbis.	13.	
0.10 MIPT *				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Mercant Lines 1 and 1401 / D	1 · •	1	l.	

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.

<del>9/30/88</del>

Testing Method (pitot, back pr.)

Sue Dipley

VI. CERTIFICATE OF COMPLIANCE

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION

Casing Pressure (Shut-in)

Choke Size

APPROVED	FEB 1 0 1989 . 19	
	Orig. Signed by	
BY	Paul Kautz	
TITLE	Geologist	_

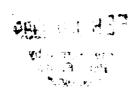
This form is to be filed in compliance with RULE 1104.

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 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