NO. OF COMIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
TRANSFORTER	GAS			
OPERATOR				
PROBATION OF		Ī		

	NEW MEXICO OIL CONSERVATION COM		MISSION	Form C-104						
	SANTA FE REQUEST FOR ALLOWABLE				Supersedes Old C-104 and C-11					
	FILE		AND		Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Δ \$					
	LAND OFFICE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE OWNER OF						
	OIL									
	TRANSPORTER									
	GAS	_								
	OPERATOR	_								
1.	PRORATION OFFICE									
	Operator									
	TOM BIUS									
	Address									
	304 Wall Tower We	304 Wall Towers West, Midland, Texas 79701								
	Reason(s) for filing (Check proper bo		Other (Place	ise explain)						
			Omer (1 see	oc explain)						
	New We!1	Change in Transporter of:	<u> </u>							
	Recompletion	Oil Dry Go	is 🔲							
	Change in Ownership	Casinghead Gas Conder	nsate							
	L			***************************************						
	If change of ownership give name	American Petrofina Company	of Town D O	Boy 1311	Ria Spring, Texas					
	and address of previous owner	American renorma Company	Of Texas, 1. C	, but lotty	eig oping/ terms					
11.	DESCRIPTION OF WELL AND	LEASE	 	Kind of Lease						
	Lease Name Tract 24	Well No. Pool Name, Including F	ormation		20400					
	North Caprock Queen Un	it*1 12 Caprock Queen	n Lea	State, Federal	or Fee State					
	Location									
	. 10	OA Coudh	ne and 660		the West					
	Unit Letter;13	80 Feet From The South Lin	ne and 800	Feet From T	he www.					
	_	100	906	1.						
	Line of Section 5 To	ownship 135 Range	32 E , NMI	РМ,	County					
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıs							
	Name of Authorized Transporter of O.	il or Condensate	Address (Give addres	s to which approv	ed copy of this form is to be sent)					
	Water Injection Wel	•								
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address	s to which approx	ed copy of this form is to be sent)					
	Name of Authorized Transporter of Co	distinguished Gas or Dry Gas	Address (Othe addres	s to witten approv	rea copy of this form is to be semi					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually conne	ected? Whe	•n					
	give location of tanks.	1 1		1						
			<u></u>							
		ith that from any other lease or pool,	give commingling or	der number:						
IV.	COMPLETION DATA		T		DI Dest Comp Back Duff Back					
	D	Oil Well Gas Well	New Well Workove	er Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Complete	$\operatorname{ron} - (\Lambda)$		1	1 1					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
	Flands (DE DKD DE CD	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Nume of Producing Formation	100 011/040 147		1 22003 2 2 5					
					5 U C/ C					
	Perforations				Depth Casing Shoe					
		TUBING, CASING, AND	CEMENTING REC	ORD	_					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEMENT					
	HOLE SIZE	CASING & TODING SIZE								
					<u> </u>					
			1		<u> </u>					
	THE PART AND RECIPET I	COD ALLOWARIE (Test must be a	feer recovery of total w	olume of load all s	and must be equal to or exceed top allow-					
V.	TEST DATA AND REQUEST I	able for this de	epth or be for full 24 ho	urs)	and made of other to a character of account					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (F		t, etc.)					
	Date First New Oil Man 19 1 dura	Date of 1991								
					Choke Size					
	Length of Test	Tubing Pressure	Casing Pressure		Chore Size					
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas-MCF					
	_									
	GAS WELL		Toble Condenses on	ICE	Gravity of Condensate					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/Mi		S. C. T. J. Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (5h	ac-12)	Choke Size					
		JOE .	011	CONSEDVA	TION COMMISSION					
VI.	CERTIFICATE OF COMPLIAN	NCE.		ALIO 1 1	107/					
				AUG 11	19/6					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED -	APPROVED, 19						
				Lake of Rungan						
			BY JAMES OF THE STATE OF THE ST							
		TITLE 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.								
					(Signature) fom Blus					
									Operator	All sections of this form must be filled out completely for allowable on new and recompleted wells.
	(7									
	8-1-70				Fill out only Sections I, II. III, and VI for changes of owner, all name or number, or transporter, or other such change of condition.					
						13 44	nee or transport	er or other such change of condition.		

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