NO. OF COTIES REC	EIVED		
DISTRIBUTIO	ON		
SANTA FE			
FILE			
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IRANSPORTER	OIL		
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OPERATOR		T	

Secretary   Content   Co	NO. OF COSIES RECEIVED			
Comparison   Com	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
Comparison   Com	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND LEASE.  Lease Some Troot Z  Lease Some South S  Lease South S  Lease Some South S  Lease S  Lea	FILE	1		Effective 1-1-65
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TOM BIUS  304 Well Towers West, Midland, Texos 79701  Research Tom Bius  304 Well Towers West, Midland, Texos 79701  Research Tom Bius  305 West Towers West, Midland, Texos 79701  Research Tom Bius  306 West Towers West, Midland, Texos 79701  Research Towers West, Midland, Texos 79701  Research Towers West, W		AUTHORIZATION TO TR	AND ON OIL AND NATORAL	OA3
Personation   Price	TRANSPORTER OIL			
TOM BIUS  304 Wall Towers West, Midland, Texas 79701  Resonicly for filling (face proper box)  New West   Change in Transporter of Change in Order (Flease explains)  New West   Change in Ordership Street Proper box    North Caprock Queen Unit 1 16   Caprock Queen Lea    Licentism Tract 27    North Caprock Queen Unit 1 16   Caprock Queen Lea    Licentism Tract 27    North Caprock Queen Unit 1 16   Caprock Queen Lea    Licentism Tract 27    North Caprock Queen Unit 1 1 16   Caprock Queen Lea    Licentism Tract 27    North Caprock Queen Unit 1 1 16    Licentism Tract 27    North Caprock Queen Unit 1 1 16    Caprock Queen Lea    Lea   Caprock Queen Lea    Licentism Tract 27    North Caprock Queen Unit 1 1 16    Caprock Queen Lea    Lea   Caprock Queen Lea    Licentism Tract 27    North Caprock Queen Unit 1 1 16    Caprock Queen Lea    Lea   Caprock Queen Lea    Licentism Tract 27    North Caprock Queen Lea    Licentism Tract 27    North Caprock Queen Lea    Licentism Tract 27    North Caprock Queen Lea    Address to which approved on Fee State    Lea   Caprock Queen Lea    Address to which approved on Fee State    Lea   Caprock Queen Lea    Address to which approved on pop of this form is to be set of the street o				
TOM BIUS  304 Wall Towers West, Midland, Texas 79701  Ressoria) for filling (Check proper box)  New Weil  Change to Ownership aven name Recompletion  Change to Ownership aven name Recompletion  Change to Ownership aven name Recompletion  Change of ownership aven name Recompletion  Read of previous owner  American Performance  North Caprock Queen Unit 1 Big Spring, Texas  BESCEPTION OF WELL AND LEASE  Levas Name Lorenta Tract 27  North Caprock Queen Unit 1 16  Caprock Queen Lea  State, Federal or Fee State  Levas Country Performance  Live of Section 7 Township 135 Hange 32E NMHM, Lea  Condensate Tract 27  North Caprock Queen Unit 1 Later  P	PROPATION OFFICE			
Recompletion   Change in Transparers of Cul   Castagheed Cop   Castaghee	Operator			
Congress of Commercial give name and address of previous owner.   American Petrofina Company of Texas, P. O. Box 1311, Big Spring, Texas	304 Wall Towers We Reason(s) for filing (Check proper box) New We!1	Change in Transporter of:	Other (Please explain)	
Description of Well AND LEASE   Lease Name   Tract 27   Vell No.   Pool Nome, Including Formation   State, Federal of Fee   State   Lease Name   Tract 27   Vell No.   Pool Nome, Including Formation   State, Federal of Fee   State   Lease Name   Tract 27   Vell No.   Pool Nome, Including Formation   State, Federal of Fee   State   Lease Name   Tract 27   Vell No.   Tract 27   Vell No.   Pool Nome   Tract 27   Vell No.   Pool	Change in Ownership	Casinghead Gas Cond	ensate	
Unit Letter P . 4620 Feet From The North Line and 660 Feet From The East  Line of Section 7 Township 135 Range 32E , NMPM, Lea C  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sen Water Injection Well  Nome of Authorized Transporter of Cresinghead Gas or Day Gas Address (Give address to which approved copy of this form is to be sen Water Injection Well  Nome of Authorized Transporter of Cresinghead Gas or Day Gas Address (Five address to which approved copy of this form is to be sen if well produces oil or liquide, give location of tanks.  If this production is commingled with that from any other Jease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded Date Compi. Ready to Plad. Total Depth P.B.T.D.  Designate Type of Completion — (X)  Date Spudded Date Compi. Ready to Plad. Total Depth P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tabing Depth  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tabing Depth  TUBING, CASING, AND CEMENTING RECORD  Address (Give address to which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this form is to be sen which approved copy of this	DESCRIPTION OF WELL AND Lease Name Tract 27	LEASE Well No. Pool Name, Including	Formation Kind of Leas	se Lease No.
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil	D AAC	20 Feet From The North	ine and 660 Feet From	The East
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sense to which approved copy of this for	om Letter			•
Name of Authorised Transporter of Coll or Condensate Address to which approved copy of this form is to be sen Water Injection Well  Name of Authorised Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen if well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Perforations  Tubing Casing Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TIEST DATA AND REQUEST FOR ALLOWABLE  Actual Prod. During Test  Oil Bis.  Water-Bbis.  Gas MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bis. Condensate/MMCF  Gravity of Condensate  Chicke Size	Eme of occition.			Lea county
Name of Authorized Transporter of Casinghead Gas or Dry Gas   Address (Give address to which approved copy of this form is to be send that the production of torks.   Unit   Sec.   Twp.   Pge.   Is gan actually connected?   When give location of torks.   When give location of torks.   When give location of torks.   Oil Well   Gas Well   Warkover   Deepen   Plug Back   Same Resty.   Diff   Date Spudded   Date Campli Ready to Prod.   Total Depth   P.B.T.D.	DESIGNATION OF TRANSPOR	rer of oil and natural 6	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be set if well produces oil or liquide, unit see. Twp. Bge. Is gas actually connected? When give location of tonks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Campletion — (X)  Perforations  Tubing Casing, And Cementing Record  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  Date First New Oil Run To Tanks  Date of Test  Date of Test  Date of Test  Date of Test  Date First New Oil Run To Tanks  Date of Test  Casing Pressure  Chicke Size  Gas -MCF  Gas WELL  Actual Prod. Test-MCF/D  Length of Test  Chicke Size				
If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.)  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date of Test  Tubing Pressure  Casing Areas and Casing And Casing Method (Flow, pump, gas lift, etc.)  Length of Test  Actual Prod. Test-MCF/D  Length of Test  Bils. Condensate/MMCF  Gravity of Condensate  Gravity of Condensate  Gravity of Condensate  Gravity of Condensate  Chil Size  Challed Test  Bils. Condensate/MMCF  Gravity of Condensate	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
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Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbis. Condensate/MMCF  Gravity of Condensate				To Day 10
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed table for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Chick Size	Designate Type of Completic		New Well Workover Deepen	Plug Back   Same Restv.   Diff. Restv
Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACTUAL TO THE ST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. During Test  Depth Casing Shoe  Depth Casing Shoe  For full 24 hours)  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Gas WELL  Actual Prod. During Test  Dil-Bble.  Bbls. Condensate/MMCF  Gravity of Condensate	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  DEPTH SET  SACKS CEMENT  SAC	Perforations			Depth Casing Shoe
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  DEPTH SET  SACKS CEMENT  SAC		TIIBING CASING A	ND CEMENTING RECORD	
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OIL WELL  Date First New Oil Run To Tanks  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  Gas-MCF  Bbls. Condensate/MMCF  Gravity of Condensate	HOLE SIZE	CASING & FORMS CIZZ		
Oll. WELL  Date First New Oil Run To Tanks  Date of Test  Length of Test  Length of Test  Actual Prod. During Test  Oil-Bbls.  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate				
Oll. WELL  Date First New Oil Run To Tanks  Date of Test  Length of Test  Length of Test  Actual Prod. During Test  Oil-Bbls.  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate				
Date First New Oil Run To Tanks  Date of Test  Date First New Oil Run To Tanks  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  Gravity of Condensate  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate		OR ALLOWABLE (Test must be	after recovery of total volume of load of depth or be for full 24 hours?	ii and must be equal to or exceed top allow
Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  Gas-MCF  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate	OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas	lift, etc.)
Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate	A. J. Mark	Tubing Pressure	Casing Pressure	Choke Size
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Actual Prod. Test-MCF/D			Phis Condensate AA/CF	Gravity of Condensate
Trubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Actual Prod. Test-MCF/D	Length of Test		Citation of Constitution
Testing Method (pitot, back pis)	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation	•		APPROVED AUG 11 13	7/U . 19

## VI.

above is true and complete to the best of my knowledge and belief.

Ci a	m B	in a	
	(Signature) Operator	Tom Bius	
	8-1-70		
	(Date)		

<u>j</u>	NUG 1 1 1970	ION COMMISSIO	N
APPROVED	Les W.	Ruman	
BY	~eglogisti		
TITLE	7(1)29184		

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 allowable 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.

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OIL CONSENSATION COMMIN

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