NO. OF COPIE REC	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
I RANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
FILE U.S.G.S.	ALITHODIZATION TO TR	AND ANSPORT OIL AND NATURAL		
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	- GAS	
TRANSPORTER OIL				
GAS				
OPERATOR PRORATION OFFICE				
Operator Operator				
Petroleum Co	rporation of Texas			
Address			•	
Box 911, Bre Reason(s) for filing (Check proper	ckenridge, Texas 76024	Other (Please explain)		
New Weil	Change in Transporter of:	O ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Recompletion	Oil Dry G	as		
Change in Ownership X	Casinghead Gas Conde	ensate		
If change of ownership give nam and address of previous owner _	Shell Oil Company, Bo	x 1509, Midland, Texas	79701	
II. DESCRIPTION OF WELL AN	ID LEASE			
Lease Name	Well No. Pool No	ame, Including Formation	Kind of Lease	
State "A"	7 Saur	iders (Permo-Penn.)	State, Federal or Fee State	
	1980 Feet From The North Li	2310	East.	
Unit Letter G ;	L900 Feet From The NOI CIT LI	ne and rear rec	om The	
Line of Section 34	Township 14S Range	33E , NMPM,	Lea County	
II. DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G.	AS Address (Give address to which ap	proved copy of this form is to be sent)	
Service Pipe Line C		Box 591, Tulsa, Okla	homa 74102	
Name of Authorized Transporter of	Casinghead Gas X or Dry Gas	Address (Give address to which ap	homa 74102 proved copy of this form is to be sent)	
Warren Petroleum Co		Box 1589, Tulsa, Okl	ahoma 74102	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	F 34 14S 33I		,	
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:		
Designate Type of Compl	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
		The state of the s	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TURING CASING AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TO THE PARTY AND DECAMES	DOD ALLOWADIE (Text must be	often annual of total volume of load	oil and must be equal to or exceed top allow	
V. TEST DATA AND REQUEST OIL WELL	able for this a	lepth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	rubilig ressure			
Actual Prod. During Test	Oll-Bbls.	Water-Bbis.	Gas-MCF	
CAS MELL				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
		OU CONSER	VATION COMMISSION	
VI. CERTIFICATE OF COMPLI	ANCE	11	VATION COMMISSION	
I hereby certify that the rules s	and regulations of the Oil Conservation	APPROVED	, 19	
Commission have been compli-	ed with and that the information given the best of my knowledge and belief.			
above is true and complete to	and best of my knowledge and belief			
An	•	TITLE		
m. I	3 2 1		in compliance with RULE 1104.	
- Mary 6	Signature) Mary R Taylor	well this form must be accor	llowable for a newly drilled or deepene mpanied by a tabulation of the deviation	
Production Cl	ray Do Lay LOL	tests taken on the well in accordance with RULE 111.		
I adduction of	(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
November 20,	1967	Fill out Sections I. II.	III, and VI only for changes of owner	
	(Date)		porter, or other such change of condition must be filed for each pool in multiply	
		Separate Forms C-104 to completed wells.	nuot oc tited for each poor in martips.	