NO. OF COPIES RECI	EIVED		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
SESSATION OF	1	l	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 3 1 55

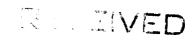
ľ	FILE			AND		Effective 1-1	-65		
Ī	U.S.G.S.	AUTHORIZ	ZATION TO T	RANSPORT OIL	L AND NATURAL	GAS			
	LAND OFFICE								
	TRANSPORTER GAS								
-	OPERATOR								
1.	PRORATION OFFICE								
	Operator TYXAS CRUDE OIL	CO: & ATL	ANTIC RICH	FIELD CO.					
-	Address								
	508 Wall Towers	East, Midl	and, Texas						
f	Reason(s) for filing (Check proper box)			Oth	er (Please explain) Change Tanger	orter from Per	dan Corp.		
	New Well	Change in Tro	(1 36 7)		to Admiral Cr	ude Oil Corp (trucks)		
	Recompletion	Oil		Gas	•				
Ĺ	Change in Ownership	Casinghead C	ids	idensate []					
	If change of ownership give name and address of previous owner	TEXAS CRUB	e oil co.	e Sinclair	OIL CORP.				
II.	DESCRIPTION OF WELL AND I	EASE Well No. Bo	ol Name, Includin	g Formation	Kind of Lea	se State	Lease No.		
	Lease Name	1 1	igh Plains	(Pennsylve	nian) State, Feder		E6989		
	Location	i i							
	Unit Letter N ; 660	Feet From T	he South	Line and 66	Feet From	The West			
	Onit Letter,				¥				
	Line of Section 23 Tow	mship 14 Seu	th Range	34 East	, NMPM,		County		
		TOP OF OU	NO MATRIDAT	CAS					
III.	DESIGNATION OF TRANSPORT	or Cond	ensate	Address (Giv	e address to which app	roved copy of this form i	s to be sent)		
	Admiral Crude Oil Corp	(trucks)			over, Midland,				
	Name of Authorized Transporter of Cas		or Dry Gas			roved copy of this form i	s to be sent)		
	Warren Petr. Corp.				9, Tules, Okla				
	If well produces oil or liquids,	Unit Sec.	Twp. Rge.		il, comitation.	^{/hen} 1 963			
	give location of tanks.	1							
	If this production is commingled wit	h that from any o	other lease or po	ool, give comming	gling order number:				
IV.	COMPLETION DATA	Oil	Well Gas We	ll New Well	Workover Deepen	Plug Back Same F	Res'v. Diff. Res'v.		
	Designate Type of Completic	on = (X)) 3				1		
	Date Spudded	Date Compl. Bea	dy to Prod.	Total Depth	10543	P.B.T.D. 10488			
	Date Spudded 2-28-63		4						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producti		Top Oil/Gas		Tubing Depth 10475			
	4095.72 DF	Penn, Can				Depth Casing Shoe			
	Perforations 10.463 - 10488 2/ft								
			BING, CASING,	AND CEMENTIN	IG RECORD				
	HOLE SIZE CASING & TUBING SIZE			DEPTH SET	SACKS				
	17" 13 3/6"				329	350			
	11"	8 3/8			4550	300			
	7 7/8"	5 1/2	H		10543	400	<u></u>		
				<u> </u>					
V.	TEST DATA AND REQUEST F	OR ALLOWABI	LE (Test must	be after recovery o is depth or be for f	of total volume of load of full 24 hours	oil and must be equal to	or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	dote jui th	Producing M	ducing Method (Flow, pump, gas lift, etc.)				
	Date First New CII Run 10 1 dnks	Date of real							
	Length of Test Tubing Pressure		,	Casing Pressure		Choke Size			
	Length of total								
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.	•	Gas - MCF			
			<u>/</u>						
; ·	GAS WELL	Transfer of Work		Bbls. Conde	ensate/MMCF	Gravity of Condens	ıate		
	Actual Prod. Test-MCF/D	Length of Test							
	Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pres	ssure (Shut-in)	Choke Size			
	resting Method (pitot, back pro)		<u></u>		·				
	TENTINGATE OF COMPLIAN	ICE			OIL CONSER	VATION COMMISS	ION		
VI	. CERTIFICATE OF COMPLIAN	CE				W. Accomp			
	v to the sules and	regulations of th	ne Oil Conserva	tion · · · · · · · ·	APPROVED , 19				
	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.			IVEIL					
				e BY					
				TITLE -	Section 1981	5.5			
	7	1	P	This	form is to be filed	in compliance with R	ULE 1104.		
	1) Ittel oh (Signature)				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.				
	DistrictSupt.		A11	All sections of this form must be filled out completely for allow-					
		itle)		able on	new and recompleted	wells.			
	December 30,	Fill	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						

(Date)

Separate Forms C-104 must be filed for each pool in multiply completed wells.

TAM (CT)

.



JAM C1071 OFL (11 SURVATION COUNT. DO N. III.