	NO. OF COPIES RECEIVED DISTRIBUTION ANTA FE LE LE J.S.G.S. AND OFFICE (RANSPORTER OIL GAS DPERATOR PRORATION OFFICE DALCO OIL CO ddress SUITE 200 - Leasen(s) for filing (Check proper box) Lew Well	REQUEST FO	AND, TEXAS 79701	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55
F	Recompletion	Oil Dry Gas Casinghead Gas Condens		
Ŀ	casinghead Gas Condensate Condens			
If ar	change of ownership give name nd address of previous owner	BELL PETROLEUM COMPANY -	218 FIRST SAVINGS BUILDI	NG - MIDLAND, TEXAS
	ESCRIPTION OF WELL AND L ease Name Paris State Location Unit Letter; 660	2 Baum Upper Pe		
	Line of Section 36 Town	nship 13S Range 32	Е , ммрм, Lea	County
	Texas New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas S or Dry Gas A Warren Petroleum Corporation		P. O. Box 1510 - Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) P. O. Box 67 - Monument, New Mexico 88265 Is gas actually connected? When Yes 2-26-70	
יז ע. כ	f this production is commingled with COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion			
F	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
ŀ	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
ł	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 top allow- able for this depth or be for full 24 hours) OIL WELL Date of Test Date First New Oil Run To Tanks Date of Test			
	Date First New Oil Hun 16 Tunks		Casing Pressure	Choke Siza
	Length of Test	Tubing Pressure	Casing biospile	
	Actual Prod, During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
1				
1	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Prossuro (Shut-in)	Casing Pressure (Shut-in)	Choke Size
٧٢	CERTIFICATE OF COMPLIAN	CE	41	FION COMMISSION
	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,		APPROVED, 19	
			BY	
	above is frue and complete to im-		TITLE	
	<u>Ahelma Dayne</u> (Signature) Production Supervisor (Title) February 1, 1975 (Date)		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 filled for each pool in multiply completed wells.	