NO. OF COPIES RECI	EIVED		
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		i	

January 25, 1971
(Date)

## LEW MEXICO OIL CONSERVATION COMMISSIC

Form C-104
Supersedes Old C-104 and C-110

-	SANIAFE	REQUEST F	FOR ALLOWABLE	Effective 1-1-65	
	FILE		AND		
ļ	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS	
	LAND OFFICE				
	TRANSPORTER OIL				
}	GAS OPERATOR				
_ }	PRORATION OFFICE				
1.	Operator Operator	<u> </u>			
	Major, Giebe	l & Forster			
1	Address				
	1126 Vaughn Building, Midland, Texas 79701				
	Reason(s) for filing (Check proper box)		Othar Phease Explain) GAS	MUST NOT	
	New Well	Change in Transporter of:	TATES SEEMING	2/./.2/. //	
	Recompletion	Oil Dry Gas		第四回 (利息者) N (一般) (一分) (中分) を (力)	
	Change in Ownership	Casinghead Gas Condens	sate IS OSTAINED.		
'		THIS WELL			
	If change of ownership give name and address of previous owner DESIGNATED DELOW. IF YOU DO NOT CONCUR				
	•	NOTIFY THIS OFFICE.	F YOU DO NOT CONCUR	126/2/11	
II.	II. DESCRIPTION OF WELL AND LEASE				
	Lease Name			_	
	Office State 1 Baum (Bodgin C ) C-V// State K-319/				
	Location & CCO!	Canab	660		
	Unit Letter M , 660'	Feet From The South Line	e and <u>660</u> Feet From T	he West	
	Line of Section 30 Tow	vnship 13-S Range	33-E , NMPM, Lea	County	
	Line of Section 30 Tow	manip 10 D Mange	30-E ,		
	DESIGNATION OF TRANSPORT	ÇER OF OIL AND NATURAL GA	s		
LAL.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
	Admiral Crude Oil Corpo		P. O. Box 1345, Midlan	d. Texas 79701	
	Name of Authorized Transporter of Cas		Address (Give address to which approx	ed copy of this form is to be sent)	
	Warren Petroleum Corpor		P. O. Box 1589, Tulsa,	Oklahoma 74100	
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n	
	If well produces oil or liquids, give location of tanks.	M 30 13-S 33-E	No		
		th that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	in that from any other rease or poor,			
Oil Well Gas Well New Well Workover Deepen Plug Back Same				Plug Back   Same Restv. Diff. Restv.	
	Designate Type of Completion		1	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	11/19/70	1/18/71	9901'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation  Bough "C"	Top Oil/Gas Pay	Tubing Depth	
	4300 K B	Bough C	9821-41	9820 Depth Casing Shoe	
	Perforations 9821-23 and 9839-41		•	9901	
			CENTING DECORD	3901	
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	8 5/8"		400 sx	
	7 7/8"	5 1/2"	4050 9901	400 sx	
	, , , , ,	3 1/ 2	3301	400 52	
_		OD ALLOWADIE	feer recovery of total volume of load oil	and must be equal to or exceed top allow-	
V.	TEST DATA AND REQUEST FOOL WELL	able for this de	epth or be for full 24 hours)	and made of equation of except top accept	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(t, etc.)	
	Date First New Oil Run To Tanks 1/18/71	1/18/71 and $1/19/71$	Pump		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs	Pump	40#	None	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	709	189	520	93.5	
	GAS WELL			To	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cramid Liangua ( Surer_ > )		
			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TION COMMISSION	
VI.	CERTIFICATE OF COMPLIAN	CE		TION 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 JAN 19		
			LIPTER COLOR OF THE WAR IN		
			This form is to be filed in compliance with RULE 1104.		
	1 49				
	for Sourkeles		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		
	<i>i</i> /	sature) /	tests taken on the well in accordance with RULE 111.		
	Engine		All sections of this form must be filled out completely for allow-		
(Title)			able on new and recompleted Wells.		

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 filed for each pool in multiply completed wells.



JAN 2 \_ 197:

OIL CONSERVATION COMM. HOBBS, N. M.