NO. OF COPIES RECEIVED								
DISTRIBUTIO								
SANT! FE								
FILE								
u.s.g.s.								
LAND OFFICE								
TRANSPORTER	OIL							
THANS! SHIPER	GAS							
OPERATOR								
PRORATION OF								

NEW MEXICO OIL CONSERVATION COMMIS IN

Form C-104

SANT FE FILE				-		REQUEST	FOR ALLOWABLE AND				Supersedes Old C-104 and C-116 Effective 1-1-65	
U.S.G.S.				AUT	HORIZATIO	ON TO TRA	NSPORT	OIL AND N	ATURAL (GAS		
	OIL	<u> </u>		1								
OPERATOR	GAS			1								
PRORATION OFF	ICE			<u>1</u>								
Operator Tama	nack	Dot	- wo .	loum Co	Inc							
Address				leum Co. Midlar	nd, TX 79	1702		•				
Reason(s) for filing (id, 17 75	702		Other (Please	explain)			
New Well				Chang	e in Transport	er of:	_		oil trans	norter 1	From Pari	mian
Recompletion	님			Oil	<u> </u>	Dry Ga	— 		New Mex F			iii aii
Change in Ownership	ليا			Casino	ghead Gas] Conden	sate	 		*		
f change of owners nd address of prev			he							· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION O	F WEL	L A	ND I		No. Pool Name	e including F	ormation		Kind of Lease			
Saunders-	State			1	1	rs (Permo			State, Federa		State	Lease No.
Location Unit Letter N			66	i0 Faat	From The S	outh	o and	1020	Feet From	_{rhe} west		
	9	'—			-S				_			
Line of Section						Range	33-E	, NMPM,	Lea			County
PESIGNATION OF Name of Authorized	F TRA	NSP	OR7	ER OF O	IL AND NA			Give address to	o which approv	ved copy of th	is form is to	be sent)
Texas-New	Mex F	ipe	lin	e Co.		<u> </u>	Ρ.	. 0. Box	2528, Ho	bbs, NM	88240	
Name of Authorized Transporter of Casin Warren Petroleum Compa						Address (Give address to which approv P. O. Box 1589, Tu						
If well produces oil o	or liquid		<u> </u>		Sec. Twp.	-S 33-E	Is gas act	ually connecte	d? Whe	₽n		
this production is	commi	ngled	wit	1			Yes give comm	ingling order		Septembe	r 14, 19	983J
Designate Typ		omnl	etio	n – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	Diff. Res'v.
Designate Typ		Ollipi			I. Ready to Pro	ļ od.	Total Dept	th	1	P.B.T.D.	<u> </u>	-
Claugitions (DE DVE	D. D. T. C.	D		Name of De			T 0/1/C			T-1/- D	A.L.	
Elevations (DF, RKB, RT, GR, etc.)		Name of Pr	Name of Producing Formation			Top Oil/Gas Pay 			Tubing Depth			
Perforations										Depth Casi	ng Shoe	
			TUBING, CASING, AND		CEMENTING RECORD							
HOLE SIZE		CASI	NG & TUBIN	IG SIZE	DEPTH SET			SACKS CEMENT				
				-								
TEST DATA AND	PEOI	HEST	r FC	DR ALLOY	VARIE (T	act must be at	i Var ranguaru	of total volum	e of load oil	and must be a	aval ta as av	ceed top allow-
III. WELL	-,			· · · · · · · · · · · · · · · · · · ·	a&		pth or be for	full 24 hours;	•			
Date First New Oil F	Run To T	Canks		Date of Te	st		Producing	Method (Flow,	pump, gas lif	t, etc.)		
Length of Test				Tubing Pre	ssure		Casing Pre	Pressure		Choke Size		
Actual Prod. During	Test			Oil-Bbis.			Water - Bbls.		Gas-MCF			
				l						<u> </u>		
GAS WELL Actual Prod. Test-M	(CE/D			Length of 7			Bhis Cond	inneste ANCE		Comuter of C	``	 1
Actual Prod. 1881-M	CF/D	_		Length of	. 651		BDIS. CON	iensate/MMCF		Gravity of C	ondensgte	
Testing Method (pito	t, back	pr.)		Tubing Pre	ssure (Shut-i	in)	Casing Pre	essure (Shut-	in)	Choke Size		
CERTIFICATE O	F COM	IPLI	ANC	Æ					onserva AR 13		MISSION	
hereby certify that commission have b							APPRO	VED			EXTON 1	9
bove is true and							BY	ORIGIN	AL SIGNED	OPERVISOR		
												
1 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	2 . ·	٠.	7				i	s form is to				
(Signature) Production Agent					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.							
rroduction	Agen	Ĺ	(Tit	le)			A11	sections of	his form mus	t be filled o		nly for allow-
March 7, 1984 (Date)					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.							

MAR 1 3 1984
MODELLE STATE OF THE STATE OF T