DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OIL		
GAS		
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL GAS

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	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (245	
	LAND OFFICE	TO THE PROPERTY OF THE	AND ON OIL AND NATURAL (JAS	
	TRANSPORTER OIL				
	OPERATOR GAS	4			
1	PRORATION OFFICE	-			
	Operator	Inc			
	Walsh and Watts	, Inc.			
		reet, Wichita Falls, Tex	as 76301		
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well Recompletion	Change in Transporter of: Oil XX Dry Go		•	
	Change in Ownership	Casinghead Gas Conde	= 1		
	If change of ownership give name and address of previous owner	Energy Reserves Group	Inc., P. O. Drawer 2437	, Midland, Texas 79702	
11.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name Iles Federal	Well No. Pool Name, Including F 1 North Baish-W		Lease No. NM064150	
	Location	1 Horeit Barsil-N	OTT Camp	Milotio	
	Unit Letter N ; 66	O Feet From The South Lin	ne andFeet From .	The West	
	Line of Section 10 To	wnship 17S Range	32E , NMPM, Lea	County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS		
	Name of Authorized Transporter of Oil Getty Trading & Transp		Address (Give address to which appro-		
٠,		singhead Gas AFFEGT VEG SEDTUAL	1		
	Phillips Petroleum Com		P. O. Box 758, Hobbs,	New Mexico 88240	
	If well produces oil or liquids, give location of tanks.	N 10 17S 32E	Yes	12/27/62	
		th that from any other lease or pool,	give commingling order number:	ţ	
JV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic		lieu water a passer	James Heavy	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD	<u> </u>	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil other or be for full 24 hours)	and must be equal to or exceed top allow	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
				TION 00: 1110:10:11	
VI.	CERTIFICATE OF COMPLIANCE			TION COMMISSION	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED FEB8	1955 19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY JERRY SEXTON		
			DISTRICT LS	LIPERVISOR	

VI.

Alfred B. Guinn, Vice-President

February 4, 1983

(Date)

TITLE .

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 allowable 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 omniered wells.

Recovery

FEB 7 1983

O.C.D. HOBBS OFFICE