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		- 42 <u>-</u>	Form C-104	
	NEW MEXICO OIL CONSERVATIO	N COMMISSION	Supersedes Ol Effective 1-1-	d C-104 and C-110
NO. OF COPIES RECEIVED	NEW MEXICO OIL CONSERVATION	ABLE	Effective 1-1-	
DISTRIBUTION	AND	IND NATURAL GAS		
SANTA FE	AND ORIZATION TO TRANSPORT OF	L AND NATOR		
	ORIZATION TO THE			
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR	TO (DANY			
PRORATION OFFICE	GEMENT COMPANY			
OPERATOR PRORATION OFFICE Operator RYDER SCOTT MANA	ta Falls, Texas 76301	la in l		-
Address 022 8th Street, Wichi	ta Falls, Iexu-	Other (Please explain)		
922 8th Street,				
Reason(s) for filing (Check proper box)	ige in Transporter of: Dry Gas			
New Well Oil	Condensate		tional Ba	nk Tower
Recompletion Cas Change in Ownership Cas	Indued	4505 Republic A	anonar	
Change in Owner and the name	r Flood Associates, Inc.			Lease No.
If change of ownership give name Wate: and address of previous owner Dalla	.s, Texas	Kind of Leas	Fee Fe	e 876
	all No. Pool Name, Including Formation	State, Federa	al or Fee 10	
IL DESUBLI A	2 Maljamar	11	E	2/
Lease Name Taylor A 876		3300 Feet From	The	County
Taylor 11	N Line and	T	ea	County
F i	Feet From The Land	, NMPM,		
Unit Letter	17 Range	985 (Give address to which ap	of this	s form is to be sent)
tine of Section 11 Township	NATURAL GAS	(Cive address to which ap)	proved copy of the	
Line of Section 11 Iowneed	OF OIL AND NATURE Addr	obs (Give address to which ap	request copy of this	is form is to be sent)
III. DESIGNATION OF TRANSPORTED	or Com	ess (Give address to which ap	5010000	
Name of Authorized Transport INJECTION WELL INJECTION WELL	ad Gas or Dry Gas		When	
INJECTION WELL INJECTION WELL	P.ge. Is a	as actually connected?	1	
Name of the	it Sec. Twp.			
If well produces oil or liquids, give location of tanks. If this production is commingled with the couple FTION DATA		commingling order number	L Dlug Back	Same Res'v. Diff. Res'v.
give location of tanks.	hat from any other lease of personal	w Well Workover Deep	en	
If this production is commingled to	Oil Well Gas Well	1	P.B.T.D.	
IV. CUMP Deserved	- (X)	otal Depth	1	
Designate Type of Comparison	Date Compl. Ready to Prod.		Tubing D)eptn
		Top Oil/Gas Pay	Durth G	asing Shoe
	Name of Producing Formation		Dept.	
Elevations (DF, RKB, RT, GR, etc.)				
	TUBING, CASING, AND	CEMENTING RECORD		SACKS CEMENT
Perforations	TUBING, CASING, AND	DEPTH SET		
	CASING & TUBING SIZE			
HOLE SIZE				
				the squal to or exceed top allow-
		of total volume	of load oil and mu	st be equal to or exceed top allow-)
	Test must be	after recovery of total votat epth or be for full 24 hours) Producing Method (Flow, P	ump, gas lift, etc.	5
V. TEST DATA AND REQUEST I	FOR ALLOWADE able for this	Producing Method (Flow, P		
OIL WELL	Date of Test		Cho	ke Size
OIL WELL Date First New Oil Run To Tanks		Casing Pressure	Ga	-MCF
	Tubing Pressure	Water-Bbls.		
Length of Test	2 Dista	Ware.		
Actual Prod. During Test	Oil-Bbls.			
Actual Prod. Denne		2.0.4	G	ravity of Condensate
		Bbis. Condensate/MMCE		
GAS WELL	Length of Test	Casing Pressure (Shut	-in)	Choke Size
GAS WELL Actual Prod. Test-MCF/D		Casing Pressure (COMMISSION
	Tubing Pressure (shut-in)	014	CONSERVAT	ION COMMISSION
Testing Method (pitot, back pr.)		0.12		, 19
TTT OF COMP	LIANCE	APPROVED	~	
VI. CERTIFICATE OF COMP	s and regulations of the Oil Conserv plied with and that the information to the best of my knowledge and b	Btion		
while the rule	s and regulations of the Oil Conserv plied with and that the information to the best of my knowledge and b	ellef. BY	1 4	
I hereby certify the been com	TITLE	TITLE		
above is true and compare	s and regulations of the Oh of the off plied with and that the information to the best of my knowledge and b comercil Company		to be filed in a	wable for a newly drilled of the
Ruder Scott Mana	agement Company			
hy b	well, this taken on t	well, this taken on the well in must be filled out completery		
	All section	If this is a logic be accompanied with RULE TTTT well, this form must be accompanied with RULE TTTT tests taken on the well in accordance with RULE TTTT All sections of this form must be filled out completely for able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of co Fill out only Sections I. II. III, and VI for changes of co well name or number, or transporter, or other such change of co well name or number. C-104 must be filed for each pool in t		
G. F. Sawdy (Signature) Agent (Title) Agent (Title)				II. III, or other such change of co
Age	(Title)	well name or n	umber, or trainspo	II, III, or other such change of in the such pool in the
October 13	. 1966 (Date)	Separate	rorma	
UCIODE	[Durez	N CC22		