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

Owner

(Title)

August 4, 1971
(Date)

	SANTA FE	i	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE	REQUEST	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	SAS		
	LAND OFFICE	- AUTHORIZATION TO TRA	AND ON TOPE AND HATOKAE C	,,,,		
	OIL					
	TRANSPORTER GAS					
	OPERATOR	7				
1.	PRORATION OFFICE	7				
	Operator					
	Charles B. C	Gillespie, Jr.				
	Address	, , , , , , , , , , , , , , , , , , , ,				
	P. O. Box 11	179 Midland, Texas 7970	1			
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well	Change in Transporter of:		<u> </u>		
	Recompletion	Oil Dry Ga	rs 💹 Formerly State S	5 "N" Unit #10		
	Change in Ownership	Casinghead Gas Conden	nsate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Lease No. Well No. Pool Na	me, Including Formation	Kind of Lease		
	State 'G'	10 Sa	unders Permo-Penn	State, Federal or Fee State		
	Location					
	Unit Letter;;	2263 Feet From The North Lin	ne and <u>660</u> Feet From 3	The Rast		
	Line of Section 💪 To	winship 15-8 Range	33-R , NMPM, L.	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS T A			
	Name of Authorized Transporter of Oi		Address (Give address to which approx	ved copy of this form is to be sent)		
	Amoco Pipeline Co.		Box 1979 Tulsa,	Oklahoma		
	Name of Authorized Transporter of Ca	singhead Gas 📆 or Dry Gas 🗍	Address (Give address to which appro-	ved copy of this form is to be sent)		
	Warren Petroleum Corpo	oration	Box 1589 Tulsa	, Oklahoma		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
	give location of tanks.	H 4 15S 33E	y e s	unknown		
		ith that from any other lease or pool,	give comminging order number.			
1 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi	on $-(X)$	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date opuded		-			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Lievations (DI', RRB, R1, GR, etc.)	name of frequency to an arrange				
	Perforations			Depth Casing Shoe		
	Perforditions					
TUBING, CASING, AND CEMENTING RECORD						
	VOL 5 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TOBING SIZE	021111021			
			6	and another expellence are averaged to a clique		
V.	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 allowable for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	Bute 1 hat 140 h Gir 14th 10 7 mins					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Year	1 42.11				
	And Bred Breds Tork	Oil-Bbls.	Water - Bbls.	Gas - MCF		
	Actual Prod. During Test	011-3516.				
		<u> </u>				
	GAS WELL	I wash of Trees	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bara. Condensate, wiwer	G. G		
		7.14 P	Caning Dressure	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	CHORD DING		
VI.	CERTIFICATE OF COMPLIAN	ice	OIL CONSERVA	ATION COMMISSION		
			APPROVED AUG 6 1	1079		
	I hereby certify that the rules and	regulations of the Oil Conservation		, 19		
	Commission have been complied	with and that the information given		- Sal Minis		
	above is true and complete to the best of my knowledge and belief.		BY CTICTI			
			TITLE			
	1 1					
	Ohnley By	4/11 1/01		compliance with RULE 1104.		
	(MANUS L)	Wesher Solso-	If this is a request for allow	wable 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 completed wells.

RECEIVED

AUS 51971

OIL CONSERVATION COMM. HOEDS, N. M.