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LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator Charles B. Gil Address P. O. Box 1179 Reason(s) for filing (Check proper box) New Well Recompletion		FILE					
IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Charles B. Gil Address P. O. Box 1179 Reason(s) for filing (Check proper box) New Well Recompletion		U.S.G.S.					
OPERATOR OPERATOR OPERATOR Charles B. Gil Address P. O. Box 1179 Reason(s) for filing (Check proper box) New Well Recompletion		LAND OFFICE					
OPERATOR PRORATION OFFICE Operator Charles B. Gil Address P. O. Box 1179 Reason(s) for filing (Check proper box) New Well Recompletion		TRANSPORTER	OIL	ļ			
PRORATION OFFICE Operator Charles B. Gil Address P. O. Box 1179 Reason(s) for filing (Check proper box) New Well Recompletion			GAS	<u> </u>	-		
Charles B. Gil Address P. O. Box 1179 Reason(s) for filing (Check proper box) New Well Recompletion		OPERATOR					
Charles B. Gil Address P. O. Box 1179 Reason(s) for filing (Check proper box) New Well Recompletion	Ι.,	PRORATION OFFICE					
P. O. Box 1179 Reason(s) for filing (Check proper box) New Well Recompletion		Operator					
P. O. Box 1179 Reason(s) for filing (Check proper box) New Well Recompletion		Charles B. Gill					
Reason(s) for filing (Check proper box) New Well Recompletion							
Reason(s) for filing (Check proper box) New Well Recompletion		P.	O. Bo	x 1	17 9		
Recompletion							
		New Well					
Change in Ownership		Recompletion					

Owner

August 28, 1972

(Title)

(Date)

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE OIL	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
1.	OPERATOR PRORATION OFFICE Operator Charles B. Gillespie, Jr. Address P. O. Box 1179 Midland, Texas 79701 Reason(s) for filing (Check proper box) New Well Change in Transporter of:					
	Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I Lease Name State F Location Unit Letter P : 660	Lease No. Well No. Pool Na. 3 Sau Feet From The South Line	ne, Including Formation nders Permo-Penn e and Feet From T	Kind of Lease State, Federal or Fee State The Rast County		
Ш.	DESIGNATION OF TRANSPORT		S Address (Give address to which approx			
	Amoco Pipeline Company Name of Authorized Transporter of Cas Warren Petroleum Corpo	singhead Gas 📉 or Dry Gas 🗔	Address (Give address to which approx	Tulsa, Oklahoma 74102		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	yes yes	unknown		
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion		New Well Workover Deepen			
	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			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test (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) Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D			Chala Sira		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APPROVED AUG 30 1972 19			
	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED HUG 80 1372 , 19			
	above is true and complete to the	e best of my knowledge and belief.	BY	Rather		
				TITLE Dist. E. Supv.		
	Thank B. H. (Sign	pie Jr (jb)	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.			

well, this form must be accompanied by a tabulation of t 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.



REGEIVED

AUC 20 1272 On Conservator COMM. HOPEL, N. M