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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
<u> </u>		

SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-111 Effective 1-1-65		
FILE		AND	Filective 1-1-03
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATU	RAL GAS
LAND OFFICE		:	
TRANSPORTER OIL			
GAS		· •	
OPERATOR		÷	
PRORATION OFFICE			
Operator			
Charles B. Gill	espie, Jr.	1	
	Midland, Texas 79701		
Reason(s) for filing (Check proper box)	Other (Please expla	in)
New Well	Change in Transporter of:		
Recompletion	Oil X Dry Gas	s [
Change in Ownership	Casinghead Gas Conden	sate	
If about a of autorobin give name			
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE	İ	
Lease Name	Lease No. Well No. Pool Nan	ne, Including Formation	Kind of Lease
State F	3 Sau	nders Permo-Penn	State, Federal or Fee State
Location			
Unit Letter P ; 66	O Feet From The South Line	e and 660 Fee	et From The Rast
) (TD) 4	▼ ~ County
Line of Section 4 To	wnship 15S Range 33.	-K , NMPM,	Lea
DECIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Ot.	or Condensate	Address (Give address to which	ch approved copy of this form is to be sent)
i .	tion - Proration Dept.	P. O. Box 1183	Houston, Texas 77001
Name of Authorized Transporter of Ca	singhead Gas 🗶 💮 or Dry Gas 🗔	Address (Give address to whi	ch approved copy of this form is to be sent)
Warren Petroleum Co	orporation	P. O. Box 1589,	Tulsa, Oklahoma 74102
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	N 4 15 33	yes	unknown
If this production is commingled w	th that from any other lease or pool,	give commingling order num	oer:58
COMPLETION DATA	Cil Well Gas Well	New Weil Workover De	epen Plug Back Same Res'v. Diff. Res'v
Designate Type of Completi	on – (X)	Them men menacipal part	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spaced			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
, , , , , , , , , , , , , , , , , , , ,			
Perforations		:	Depth Casing Shoe
		CEMENTING RECORD	CACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		f	load oil and must be equal to an exceed top alla
. TEST DATA AND REQUEST F OIL WELL	OR ALLOWABLE (Test must be a able for this de	per or be jor just 24 reparts	load oil and must be equal to or exceed top allo
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum	p, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Ggs - MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gds-MCF
		:	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	20119111		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
. esting Method (phot, out a pri)			
CERTIFICATE OF COMPLIAN	VCF.	OIL CON	SERVATION COMMISSION
. CERTIFICATE OF COMPLIAN	ICE		AV 05 1039
	regulations of the Oil Conservation	APPROVEDM	AY 20 19 , 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			AY 25 1972 Orig. Signed by Les Clements
		BY	Les Clements
		Oil & Gas Insp.	
		11	
al. I B. Hol		This form is to be	filed in compliance with RULE 1104.
11. 1 K. H 01.	will be listed	If this is a request	for allowable for a newly drilled or deepen

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 completed wells. (Signature) (Title)

May 23, 1972 (Date)