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TRANSP	OIL
ER	GAS
OPERATOR	
PERATION OFFICE	
Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Polaris Production Corp.	
Address	
P. O. Box 1703, Midland, Texas 79701	
Reason for filing (Check proper box)	
Well	Change in Transporter of:
Completion	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate
Other (Please explain)	
Change in Operator	

If change of ownership give name and address of previous owner Shell Oil Company, P. O. Box 1509, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Buckley "A"	1	Denton Devonian	State, Federal or Fee Fee	
Location				
Unit letter A, 330 Feet From The South Line and 330 Feet From The West				
Section 25 Township 14 South Range 37 East, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Amoco Production Co.		P. O. Box 1725, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Tipperary Corp.		229 Western United Life Bldg., Midland, Tx 79701
Well produces oil or liquids, give location of tanks.	Unit	Sec.
	M	25
		14
		37
Is gas actually connected?	When	
Yes	Unknown	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
See Note	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
(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					

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)

Date New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.	OIL CONSERVATION COMMISSION	
	APPROVED _____, 19____	
	BY _____	
	Orig. Signed by	
	Joe D. Ramey	
	Dist. 1. Supv.	
	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 completion.	
	Separate Forms C-104 must be filed for each pool in multiply completed wells.	

Davis Payne (Signature)
President
12-31-73 (Date)