	NO DE COPIE E MECREVED	→				
	DESTRUCTION	NEW MEXICO OIL CO	DIL CONSCRIVATION COMMESTON		Form C-104	
	FILE	REQUEST	FOR ALLOWABLE		Supersedes Ob Ettoctivo 1-1-0	d (-10) and (-1
	U.S G.S.	AUTHORIZATION TO TRA	- АНО ЫЅРОВТ ОН ТАИГЛЫЛ	THIDAL CAC		•
	LAND OFFICE	NOTHORIENTION TO TRA	HOI ORT OIL MAD TAX	FORAL GAS		
	IRANSPORTER OIL					
	OPEC TOR					
1.	PHO: LION OFFICE					
	Dyco Petroleum Cor	poration				
	Address 905 Western United Life Building					
	Reason(s) for filing (Check proper box)		Other (i'lease ex	plain)		
	New Well Recompletion	Change In Transporter of: OII Dry Gas		to obtai		
	Change in Ownership	Casinghead Gas Conden	/ 1 1	remove l	sida 000	Oll from
	If change of ownership give name					
- 11	and address of previous owner	racr		-		
11.	DESCRIPTION OF WELL AND L	Meri No. Pool Name, including fo	ormatton Y.I	nd of Lease		Lesse No
	C.S. Stone	#1 Medicine Roo	ck, Devonian se	ote, Federal or Fe	, Fee	none
	Unit Letter : 1980 Feet From The North Line and 1980 Feet From The East					
	Line of Section 22 Town		8E , NMPM,	Lea		County
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Off (Andress (Give address to u	the South	oy of this form is i	(o be sent)
	Uni Oil Inc. Name of Authorized Transporter of Cast	nghead Gas or Dry Gas	Midland, Tex			to be sent,
	None					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige.	Is gas actually connected?	When		
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA					
•••	Designate Type of Completion	O() Well Gas Well	New Well Workover	Deepen Plug	Back Same Re	stv. Fift, Best.
		Date Compi. Ready to Prod.	Total Depth	P.B.	T.D.	
	Elevations (DF, RhB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tub	ng Depth	
	Perforations		<u> </u>	Гері	h Casing Shoe	
			CEMENTING RECORD		64.646.445	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
			*			
V.	TEST DATA AND REQUEST FO		ter recovery of total volume	of load oil and mi	ist be equal to or	exceed top allo
	OII. WFI 1. Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Tret	Tubing Pressure	Casing Pressure		Choke Size	
		Oil • Bbis.	Water - Bbis.		Gas-MCF	
	Actual Fred, During Test	Oli-Bbis.				
	GAS WELL					
	The second secon	Length of Test	Bbls. Condensate/MMCF	Gra	vity of Condensate	•
	leating Meth 2 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-1)	Ch.e	ze Size	
V)	CONCINENTE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Communication have been compiled with and that the information given at over 14 true and complete to the best of my knowledge and belief.		OIL CO	NSERVATIO	N COMMISSIC)N
			APPROVED APR 1 0 1978			
						•
			BY Orig. Signed by Jerry Sexton			
			TITLE Diet 1, Super. This form is to be filed in compliance with RULE 1104.			

(Signature)

(Title)

(Date)

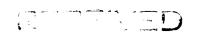
Agent

4-7-78

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 (so in on the well in accordance with RULE 111. All soutions 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

oil from



APRIO1978
OIL CONSLAMATION COMM, HOBBS, N. M.