	NO. DF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION DE CE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Etiective 1-1-65			
1.	Operator						
	Natomas North America, Inc.						
	Reason(a) for filing (Check proper box) New Well Recompities Change in Collesship	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condens	Other (Please explain)	· · ·			
	If change て, ownership give name and address つ previous owner						
11.	DESCRIPTION OF WELL AND L	EASE	stmatton Kind of Lease	Lease No.			
	Maljamar N. Unit	Well No. Pool Name, Including Fo 1 West Kemnitz-Lo	a tudard	^{or Fee} State G5489			
	Location			Nenth			
	Unit Letter <u>G</u> ; 1980) Fee: From The <u>East</u> Line	e and <u>1980</u> Feet From Th	North			
	Line a Section 31 Tow	mship 16S Range 3	3E , NMPM, Le	County			
313	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	<u>S</u>				
	None of Authorized Transporter of Oll	X or Condensate	Addides (othe address to million officer				
	Charter Crude Oil Company		P.O. Box 5008, Houston, Texas 77012 Address (Give address to which approved copy of this form is to be sent)				
	Phillips Petroleum	Unit Sec. Twp. Ege.	Phillips Bldg., Bartlesv Is gas actually connected?				
	If well produces oil or liquids, give location of tanks.	G 31 16S 33E	l				
	If this production is commingled wit	h that from any other lease or pool,					
1¥.	COMPLETION DATA	Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
			Top Dil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					
	Perforations	<u></u>		Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be c	fter recovery of total volume of load oil t epth or be for full 24 hours)	and must be equal to or exceed top allou			
•	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	't, etc.)			
			Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure		Gua-MOF			
	Actual Frod. During Test	Oil-Bbla.	Water - Bbls.	Gd8+MC:			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D		telut (n)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)				
VI	CERTIFICATE OF COMPLIAN	 CE		TION COMMISSION			
• •			APPROVED NOV 15 1982				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Low Chai, J W Alay				
	Commission have been complied with and that the incommender gives above is true and complete to the best of my knowledge and belief.		TITLE OIL & GAS INSPECTOR				
	$(\cdot \cdot$		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Muin Know						
	Operation Administrator 11-05-82						
		iele)	All Bechois of the stand	- **-			

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Job separation sheet

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TATE OF NEW MEXICO	OIL CONSERVAT	ION DIVISION	form C-104 Revised 10-1-78
	P. D. BOX 2	2088	
	SANTA FE, NEW M	EXICO 87501	
0.8.	REQUEST FOR A	LLOWABLE	
NSPONTER DIL	AND AUTHORIZATION TO TRANSPOR		
ATOR			
atomas North America 🦕	Inc.		
251 Westheimer, #700 Ho			
son(s) for filing (Check proper box)	Change in Transporter oli	Other (Please explain)	
well	OII X Dry Cos		
inge in Ownership	Casinghead Gas Condensa		
ange of ownership give name address of previous owner			
SCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Form	nation Kind of Lease	Lease No.
aljamar North Unit	1 West Kemitz - Lo	Sinta Fadera	lor Foo State G5489
		•	The North
Unit Letter G;198	C Feet From The East Line		County
Line of Section 31 Town	nship 165 Range	<u>ЗЗЕ , ммрм, Lea</u>	
SIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	ved copy of this form is to be sent)
estern Crude Oil Co.		P. 0. 1142 Midland Te Address (Give address to which appro	<u>xas 79702</u> wed copy of this form is to be sent)
ame of Authorized Transporter of Cas			
well produces oil or liquids,	Unit Sec. Twp. Rge. G 31 16S 33E	Is gas actually connected? Wh	1en
	h that from any other lease or pool, g	ive commingling order number:	
OMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Completio	n — (X) i i Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
ate Spudded		Top Oil/Gas Pay	Tubing Depth
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
		1	il and must be equal to or exceed top all
EST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fier recovery of total volume of load o pth or be for full 24 hours)	life etc.1
IL WELL Date First New Oll Run To Tanks	Date of Teet	Producing Method (Flow, pump, gas	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oll-Bbis.	Water-Bble.	Gas - MCF
Actual Prod. During Test			
GAS WELL		Bble, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test+MCF/D	Length of Test		Choke Size
Teeling Method (pitot, back pr.)	Tubing Presswe (Shut-in)	Casing Pressure (shut-in)	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION DIVISION
	to an internet the Oli Conservation	APPROVED	, 19
hereby certify that the rules and juision have been complied wi	i regulations of the Oli Conservation th and that the information given he beat of my knowledge and belief.	ΒΥ	<u></u>
bove is true and complete to t		TITLE	
		This form is to be filed	in compliance with RULE 1104. Nowable for a newly drilled or deep meaning by a tabulation of the devi
		II . If this is a requeer to re-	mpanied by a tabulation of the devi
12.	(nelwel)	well, this form must be acco	ccordence with MULE 111.
Bob Menefee Administfä		well, this form must be account tests taken on the well in a All sections of this form	a must be filled out completely for a
	tive [,] Coordinator Tul•)	well, this form must be acco tests taken on the well in a All sections of this form able on new and recompleter Fill out only Sections	a must be filled out completely for a

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8.	wo. or copies received DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL TRANSPORTER OPEFATOR PROFATION OFFICE Operator NATOMAS NORTH AMERIC Address 1000 First Place, Tu Recompletion Change in Ownership	REQUEST FO A AUTHORIZATION TO TRANS	SERVATION COMMISSION R ALLOWABLE ND PORT OIL AND NATURAL GAS Other (Please explain) te	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
	If change of ownership give name						
	and address of previous owner	FASE	Kind of Lease	Lease No.			
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Form 1 West Kemnitz-Lo					
	Maljamar North Unit			North			
	Unit Letter <u>G</u> ; 19	80_Feet From The <u>East</u> Line	and <u>1980</u> Feet From The				
	Line of Section 31 Town	nship 16S Range 3	ЗЗЕ , ММРМ,	Lea County			
	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approved	copy of this form is to be sent)			
111	None of Authorized Transporter of On		4201 Wingren, Trying, 1	exas 75062			
•	Southern Union Refining	Company Inghead Gas or Dry Gas	Address (Give address to which approved	copy of this form is to be sent;			
	Phillips fet	101	Is gas actually connected? When				
	If well produces cil or liquids, give location of tanks.	G 31 16S 33E	1				
	If this production is commingled wit	is a compared with that from any other lease or pool, give commingling order number:					
11	A. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v			
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded		Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Puy				
	Perforations			Depth Casing Shoe			
		AND CEVENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			1	nd must be equal to or exceed top allow			
	V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	. e(c.)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (r 1500, pump, 503 m)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
		Cul Bhie	Water-Bbls.	Gas-MCF			
	Actual Prod. During Test	Cil-Bbls.		<u> </u>			
	l						
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Baut-Im)					
	L CERTIFICATE OF COMPLIANCE		- H	TION COMMISSION			
				, 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. Gary Snowden (Signature) Administrative Coordinator (Title)			BY	•			
			TITLE	- 3 *			
			This form is to be filed in compliance with NULE true. If this is a request for allowable for a newly drilled or deepenr well, this form must be accompanied by a tabulation of the deviati- tests taken on the well in accordance with NULE iti. All sections of this form must be filled out completely for allo- able on new and recompleted wells.				
	October 27	, 1980 Date)	Fill out only Sections I, II, III, and VI for enange of conditi- well name or miniber, or transporter, or other such change of conditi- Separate Forms C-104 must be filed for each pool in multip- completed wells.				

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NOV	3,1980

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