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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	<u> </u>		
I MANSPORTER	GAS	<u> </u>	<u> </u>	
OPERATOR				
BROW ATION OFFICE		i		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-1

- 1	SANIAFE	KEWUESI F	OR ALLOWABLE	Effective 1-1-65		
-	FILE		AND	A C		
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	A3		
	LAND OFFICE					
Ì	TRANSPORTER OIL					
	GAS					
	PROPATION OFFICE					
1.	Operator Operator					
	•	INC.				
	NATOMAS NORTH AMERICA, INC.					
	1000 First Place, Tul	sa. Oklahoma 74103				
	Reason(s) for filing (Check proper box)	Su, Oktonome , 1200	Other (Please explain)			
	New We!l	Change in Transporter of:				
	Recompletion	Cil X Dry Gas	. 🔲			
	Change in Ownership	Casinghead Gas Condens	sate			
			•			
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND I	EASE	Kind of Lease	Lease No.		
	Lease Name	Well No. Pool Name, Including to	S Endand	1		
	Maljamar North Unit	2 West Kemnitz -	Lower Wolfcamp	State G-5489		
	Location			G		
	Unit Letter K : 1988	Feet From The West Line	e and 1780' Feet From 1	he South		
			70 T	County		
	Line of Section 31 Tow	nship 16S Range	33E , NMPM, L	ea County		
		CA	e			
III.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)					
			4201 Wingren, Irving,			
	Southern Union Refinir	ing Company	Address (Give address to which approx	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cas					
	Thillips tel.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n		
	If well produces off or liquids, give location of tanks.	G 31 16S 33E				
			give commingling order number:			
•••	If this production is commingled wit	h that from any other lease of poor,		D. J. Dull Bacty		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
	Designate Type of Completion	n = (X)	1	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.		
			The Collection Provided	Tubing Depth		
	Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			
				Depth Casing Shoe		
	Perforations					
	TUBING, CASING, AND CEMENTING RECORD					
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE					
				<u> </u>		
•	TECT DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	feer recovery of total volume of load oil	and must be equal to or exceed top allow		
V	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 0, extends able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Cashing / 1999 II			
			Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	Oil-Bbis.				
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Zengui oi ree				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, beca pro)					
	CERTIFICATE OF COURT !AN	CF	OIL CONSERV	ATION COMMISSION		
VI. CERTIFICATE OF COMPLIANCE 1 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.			198 0			
		APPROVED Signed by				
		Town Sevino				
		BY Dist 1, Supv.				
			TITLE	TITLE		
	Gary Snowden (Signature) Administrative Coordinator (Title) October 27, 1980 (Date)		This form is to be filed in	compliance with RULE 1104.		
			If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation that taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owne well name or number, or transporter, or other such change of conditions.			

Separate Forms C-104 must be filed for each pool in multipercompleted wells.

(Dote)