NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

- 1	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104		
Ī	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65		
ľ	FILE		Fuertine 1-1-02			
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
ľ	LAND OFFICE					
	TRANSPORTER GAS					
ł	OPERATOR					
1.	PRORATION OFFICE					
-	Operator	TAN CORPORATION				
	SOUTHWEST PRODUCTION CORPORATION					
	Address	well New Yorks 98301				
ļ	P. O.Box 936, Roswell, New Mexico 88201 Other (Please explain)					
	Reason(s) for filing (theck proper box)					
1	New Well	Oil Dry Go	as [
ļ	Recompletion Condensate					
	Change in Cwnership Casinghead Gas Condensate					
	If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation 2						
	Lease Name Well No. Pool Name, Including Formation Pennsylva n. a.n.					
	MONTIETH "B" STATE	1 -East Lovingto	ii reini K 3016			
	Location Unit Let er ;188	SO Feet From The South Li	ne and 990 Feet From	n The		
	Line of Section 19 Too	wnship 16S Range	37E , NMPM,	LEA County		
_		TED OF OUR AND MATTIDAL O	AS			
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL G	Address (Give address to which app	roved copy of this form is to be sent)		
	ī		303 V&J Tower, Midlan	d. Texas		
	Admiral Crude Oil Corporation Name of Authorized Transporter of Casinghead Gas g or Dry Gas		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650 - Tulsa, Oklahoma			
	Skelly 011 Company	Unit Sec. Twp. Rge.		When		
	If well produces oil or liquids, give location of tanks.	I 19 16S 37E	No	30 days		
	If this production is commingled wi	th that from any other lease or pool	, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
		1/14/69	11,400'	11,362'		
	9/30/68 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3844 DF	Strawn Penn	11,287'	11,247'		
	Perforations			Depth Casing Shoe		
				11,399		
			ND CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE CASING & TUBING SIZE		DEPTH SET	170		
	15"	12-3/4	352'	400		
	11"	8-5/8	43551	4 50		
	7-7/8"	5=1/2	11399'			
		2-3/8	-free recovery of total volume of load a	oil and must be equal to or exceed top allow-		
V.		OK ALLOWABLE (Test must be able for this		oil and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				: lift, etc.)		
	1/10/69	1/14/69	Flow			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24 hours	110#	Pkr.	20/64 ¹¹		
	Actual Pred. During Test	Oil-Bbls.	Water-Bbls.			
	240 barrels	240	None	Not recorded		
	GAS WELL			Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or condensate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Snuc-in)	0		
			211 2212	VATION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	VATION COMMISSION		
			APPROVED	, 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.				200		
			BY Men			
		1 1	TITLE CHANGE DISTRICT			
	_ 1 /		11 / /	In compliance with DIII E 1104		
	<i>- \/ /</i>	Klahran W		in compliance with RULE 1104.		
	I Ja	Morare		llowable for a newly drilled or deepened mpanied by a tabulation of the deviation		
(Signature) H. Lee Harvard			well, this form must be account tests taken on the well in a	cordance with RULE 111.		

well, this form must be accompanied by a tabulation of 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.

Exploration Manager (Title)

January 28, 1969 (Date)

