1	U.S.G.S. Image: Constraint of the second			Supersedes Old C-104 and C-110 Effective 1-1-65
	Reason(s) for filing (Check proper box) Other (Please explain)   New Well Chonge in Transporter of:   Recompletion Oil   Change in Ownership Casinghezd Gas   If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Leas	e Lease No.
	State "C"	1 Lovington Pe		l or Fee State K-5187
	Unit Letter A 6	60 Feet From The North Lin	ne and 660 Feet From	Fact
		OUFeet From TheNOTEN_Lin	ne and Feet From '	TheEast
	Line of Section 20 Township 16-S Range 37-E , NMPM, Lea County			
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Name of Authorized Transporter of Of Texas-New Mexico Pip		Address (Give address to which approx	
	Name of Authorized Transporter of Ca	isinghead Gas [X] or Dry Gas	P.O. Box 1510 - Midlan Address (Give address to which approx	d, Texas /9/01 bed copy of this form is to be sent)
	Phillips Petroleum Co	Ompany Unit Sec. Twp. P.ge.	Phillips Bldg Bart1 Is gas actually connected?	
	If well produces oil or liquids, give location of tanks.	B 20 16-S 37-E		2-4-69
•••		ith that from any other lease or pool,	give commingling order number:	\
٤V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completion	i		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations		<u> </u>	Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
			06711321	SACKS CEMENT
	·····			
V.	V. 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 allow able for this depth or be for full 24 hours)			
Í	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Length of Test	Tubing Prossure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bhls.	Water - Bbis.	Gas-MCF
l	······································	L		
-	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	CEDATE OF COURT IN			
¥1. '	CERTIFICATE OF COMPLIANCE thereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			TION COMMISSION
1			APPROVED OCT 18 1971	
1	above is true and complete to the	best of my knowledge and belief.	BYJer D. N	amey
			Orig. Signed by BY Jet D. Ramey TITLE Dist. I, Supv	
		Jahr son 1	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	
-	(Signa	Her .		
-	Office Manager (Title) October 14, 1971		tests taken on the well in accordance with RULE 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 owner.	
-	(Dat		well name or number, or transporter, or other such changes of condition. Separate Forms C-104 must be filed for each pool in multiply	
		11		





U - 1 197 OIL CONSECTIVE 2 COLOM, Hazba, I. III