NO. OF COPIES REC	EIVED		
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

III.

SANTA FE FILE U.S.G.S.	REQUE:	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GAS FORM C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
LAND OFFICE TRANSPORTER GAS ODERATOR	ACTIONIZATION TO T	NAME OF THE ARE NATOR	AL GAS
I. PRORATION OFFICE Semedan Oil Corpora Address	tion		
Reason(s) for filing (Check proper of New Well Recompletion	box) Change in Transporter of:	Other (Please explain Change in we	
Change in Ownership If change of ownership give name and address of previous owner		ndensate	
II. DESCRIPTION OF WELL AN	D LEASE	Name, Including Formation	Kind of Lease
Gulf State "Com"		st Morton Wolfcamp	State, Federal or Fee State
	Feet From The North	Line and 660 Feet	From The East
Line of Section 4 ,	Township 15-S Range	35-E , NMPM,	Lea County
III. DESIGNATION OF TRANSPO			approved copy of this form is to be sent)
Admiral Crude Oil Co	orporation	P. O. Box 1713, Mid	
Negotiating Gas Cont	tract		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 4 15-S 35	Is gas actually connected? No	When
If this production is commingled IV. COMPLETION DATA	with that from any other lease or po		
Designate Type of Comple	etion — (X) Oil Well Gas Wel	New Well Workover Deep	en Plug Back Same Res'v. Diff, Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-15-70 Pool	10-5-70 Name of Producing Formation	10,546 ' Top Oil/Gas Pay	Tubing Depth
4004.2' G.L. Perforations	Permo-Penn	10,510'	10,038 Depth Casing Shoe
1	4' and Open Hole 10,510'	to 10,546'	10,510'
		AND CEMENTING RECORD	SACKS CEMENT
17-1/4"	CASING & TUBING SIZE	400 °	SACKS CEMENT 350 sx. Circ. to surface
12-1/4"	8-5/8"	4,600'	300 sx.
7-5/8"	5-1/2"	10,510'	450 sx.
5-1/2"	2-7/8"	10,038'	
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of los depth or be for full 24 hours) Producing Method (Flow, pump,	ad oil and must be equal to or exceed top allow-
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test		-	Gas - MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gds-MCr
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIA	ANCE	()	RVATION COMMISSION
Commission have been complie	nd regulations of the Oil Conservati d with and that the information giv the best of my knowledge and belic	en X	19 , 19
above to the complete to the best of my monteage and better		SUPERVI	
		TITLE	
(Juna)			ed in compliance with RULE 1104.
G. W. Putnam (S	ignature)	well, this form must be acc	allowable for a newly drilled or deepened companied by a tabulation of the deviation

1.11	Juliane
G. W. Putnam	(Signature)

Division Production Superintendent (Title) March 8, 1971

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 Sections I, II, III, and VI only 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.

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MAR 1 1971

OIL CONSERVATION LOS M.
HOBBS, N. M.