NO. OF COPIES RECE	IVED		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<u>L</u> _	
	GAS		
OPERATOR	<u> </u>		
THE ATION OFFICE			1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

+	DISTRIBUTION SANTA FE	REQUEST F	OR ALLOWABLE		Supersedes Old C-10 Effective 1-1-65	Supersedes Old C-104 and C-110 Effective 1-1-65	
}	FILE		AND				
-	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND I	NATURAL GAS			
-	LAND OFFICE						
-	OIL						
- 1	TRANSPORTER GAS				·		
-	OPERATOR			-			
}	PRORATION OFFICE				<u> </u>		
1.	Operator						
- 1	W.A. Moncrief, Jr.						
ŀ	Address						
ļ	400 Metro Bldg., Midla	nd, Texas 79701	Other (Please	e explain)			
}	Reason(s) for filing (Check proper box)		Office (Freus)	explain,			
	New Well	Change in Transporter of:	<u></u> ,				
	Recompletion	Oil Dry Gas	<u> </u>				
	Change in Ownership	Casinghead Gas Condens	sate				
	If change of ownership give name						
	and address of previous owner						
11	DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	rmation	Kind of Lease		Lease No.	
11.	Lease Name	1			ral or Fee State V-0119		
	Yates State	1 Lovington Padd	10CK				
	Location	. •	1980	Feet From The	east		
	Unit Letter G : 198	O Feet From The north Line	and	Feet From The			
	Onit Letter		37E , NMP	. Lea		County	
	Line of Section 30 Tox	vnship 16S Range	37E , NMPI	VI,			
	L		r			<u> </u>	
III	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address	to which approved	copy of this form is to be	sent)	
****	Name of Authorized Transporter of Oil	X or Condensate	- 1100 H	Toys	77001		
	Mb. Dormian Corporati	on	Address (Give address	to which approved	copy of this form is to be	sent)	
	Name of Authorized Transporter of Car	singhead Gas X or Dry Gas					
	Phillips Petroleum Co	ompany	4001 Penbrook Is gas actually connec	ited? When	1		
	If well produces oil or liquids,	Unit			10-10-83		
		G 30 16S 37E	Yes		406		
	Makin production is commingled wi	th that from any other lease or pool,	give commingling ora	er number.			
IV	COMPLETION DATA	Oil Well Gas Well	New Well Work over	Deepen	Plug Back Same Restv.	'Diff, Res'v.	
• •	Designate Type of Completi	on - (X)			<u> </u>	l L	
	Designate Type of Complete	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Date Spudded	Date Compi. Ready to 110-1					
		Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Fredamy					
					Depth Casing Shoe		
	Perforations						
		TUBING, CASING, AND	D CEMENTING RECO	ORD			
		CASING & TUBING SIZE	DEPTH	SET	SACKS CEME	<u> </u>	
	HOLE SIZE						
		CASING & LOCK					
		CASING & FORMER					
		CASING & TOURS					
						and to allow	
			after recovery of total ve	plume of load oil ar	id must be equal to or exc	eed top allou	
v	V. TEST DATA AND REQUEST I		enth of he tor this are no	w • /	id must be equal to or exc	eed top allou	
v	OIL WELL.		after recovery of total very of total very of total very of total very open or be for full 24 ho	w • /		eed top allow	
V	V. TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be a able for this d	Producing Method (F.	w • /		eed top allou	
V	OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be a able for this d	enth of he tor this are no	w • /	etc.)	eed top allou	
v	OIL WELL.	FOR ALLOWABLE (Test must be a able for this d	Producing Method (F. Casing Pressure	w • /	etc.)	eed top allow	
V	OII. WELL Date First New Oil Run To Tanks Length of Test	FOR ALLOWABLE (Test must be a able for this d	Producing Method (F.	w • /	etc.) Choke Size	eed top allou	
V	OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be a able for this d	Producing Method (F. Casing Pressure	w • /	etc.) Choke Size	eed top allow	
V	OII. WELL Date First New Oil Run To Tanks Length of Test	FOR ALLOWABLE (Test must be a able for this d	Producing Method (F. Casing Pressure	w • /	etc.) Choke Size	eed top allow	
V	OII. WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	FOR ALLOWABLE (Test must be a able for this d Date of Test Tubing Pressure Oil-Bbls.	Producing Method (F. Casing Pressure Water-Bbls.	low, pump, gas lift,	etc.) Choke Size	eed top allow	
V	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	FOR ALLOWABLE (Test must be a able for this d	Producing Method (F. Casing Pressure	low, pump, gas lift,	etc.) Choke Size Gas-MCF	eed top allow	
V	OII. WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	FOR ALLOWABLE (Test must be a able for this defined by the control of the control	Producing Method (F. Casing Pressure Water-Bbls. Bbls. Condensate/M	low, pump, gas lift,	etc.) Choke Size Gas-MCF	eed top allow	
V	OII. WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	FOR ALLOWABLE (Test must be a able for this d Date of Test Tubing Pressure Oil-Bbls.	Producing Method (F. Casing Pressure Water-Bbls.	low, pump, gas lift,	Choke Size Gas-MCF Gravity of Condensate	eed top allow	
V	OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	FOR ALLOWABLE (Test must be a able for this defined by the control of the control	Producing Method (F. Casing Pressure Water-Bbls. Bbls. Condensate/M Casing Pressure (S)	MCF	Choke Size Gas-MCF Gravity of Condensate Choke Size		
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	OII. WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIA I hereby certify that the rules an Commission have been complied above is true and complete to	Tubing Pressure Oil-Bbla. Length of Test Tubing Pressure Oil-Bbla. Length of Test Tubing Pressure (Shut-in) NCE d regulations of the Oil Conservation with and that the information given the best of my knowledge and belief	Producing Method (F. Casing Pressure Water-Bbls. Bbls. Condensate/M Casing Pressure (S) OI APPROVED BY OR TITLE	MCF MCF DUT-ID L CONSERVA NOV IGINAL SIGNED DISTRICT I S	Choke Size Gas-MCF Gravity of Condensate Choke Size TION COMMISSION BY JERRY SEXTON UPER VISOR	1104.	
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(Title)

November 2, 1983

All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of own-well name or number, or transporter, or other such change of conditions.