STATE OF NEW MEXICO MINITIALS DEPARTMENT

MAX VIOLIMITALI	MOT	31 1 7	.,,,,
DISTRIBUTION			
SANTA FE			
FILE		 -	
LAND OFFICE			
	nic	1-	-
THAMBFORTER	OAS		
OPERATOR.			
PROMATION OF	1	L	
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OIL CONSERVATION DIVISION P. O. DOX 2088 SANTA LE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

	OFFRATOR.	ALITHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
١.	Comment of the second of the s					
	Magnatex Petroleum Company					
	405 One Marienfeld	· · · · · · · · · · · · · · · · · · ·				
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Request 900 BBL Testing Allowable					
	Recompletion Cil Dry Gas Condensate Condensa					
Į						
	If change of ownership give name and address of previous owner					
J. ,	. DESCRIPTION OF WELL AND LEASE No. Pool Name, Including Formation					
	Aaron State 1 Townsend (Permo-Upper Penn) State, Federal or Fee State					
	Location T . 1980 Feet From The South Line and 1980 Feet From The East					
	Unit Letter 3 : 1365 Per Hom Pin					
l	Line of Section 35 To	nship 15-S Range	35-E , NMPM,	Lea County		
1.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off	TER OF OIL AND NATURAL GA	S Address (Give address to which app	roved copy of this form is to be sent)		
Koch Oil Company of Texas P.O. Box 1558 Breckenridge, TX 76024						
	No Gas Purchaser	singhead Gas or Dry Gas	Address (Give address to when upp	Topica copy of this , which is a second copy of this .		
	If well produces oil or liquida,	Unit Sec. Twp. Rge. J 35 15-S 35-E	is das detail) commontail	When		
1	give location of tanks. Whis production is commingled wi	th that from any other lease or pool,	<u> </u>			
	COMPLETION DATA	Oil Well Gas Well	Naw Well Workover Despen	Plug Bock Same Hesty, Diff. hest.		
	Designate Type of Completic	on $-(X)$ Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Date Compil reday to 71001		The State of		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing St.ce		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
,	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be o	feer recovery of total volume of load cepth or be for full 24 hours)	oil and must be equal to or exceed top allow		
i	OIL WELL Date First New Oil Run To Tenks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test		Water-Bble.	Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Adiel - Dale.			
1	GAS WELL Actual Frod. Toet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condonsale		
	Testing Method (pitot, back pt.)	Tubing Pressue (Shut-in)	Coming Pressure (Shut-in)	Choka Size		
ļ			OIL COMSERV	ATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		19				
		APPROVED SECON				
		TITLE DE MAN SHORE SON				
		TITLE				
		This form is to be filed in complete for a newly drilled or deepened with this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow				
Reduction Secretary						
			able on new and recompleted watte.			
	(Miguel 31, 176)		If well as me or cumber, or trans-	Fill out only Sections I, II, the VI to thenge of condition well name or number, or transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multiple		
			Separato Forma C-104 n	lust he releasely to secon poor or more pro-		