O. OF COPIES REC	EIVED	1	
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ANTA FE			
ILE			
J.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THE STATE OF THE S	GAS		
OPERATOR			
PRORATION OFFICE			

(Title) January 29,

(Date)

1971

...EW MEXICO OIL CONSERVATION COMMISSION

Form C-104

ILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-10 Effective 1-1-65	14 and C-1
J.S.G.S.	AUTHORIZATION TO T	AND RANSPORT OIL AND NAT		
LAND OFFICE	AUTHORIZATION TO T	KANSFORT OIL AND NA	URAL GAS	
TRANSPORTER OIL GAS				
OPERATOR				
PRORATION OFFICE Operator				
EL PASO PRODUCTS	COMPANY			
Address P. O. Box 3986, 0	Odessa, Texas 79760			
Reason(s) for filing (Check proper	box)	Other (Please exp	lain)	
New Well Recompletion	Change in Transporter of:			
Change in Ownership X	Oil Dry Casinghead Gas Conc	Gas Liensate		
If change of ownership give name and address of previous owner_	Trebol Drilling Com	npany, P. O. Box 398	6, Odessa, Texas 79760	
DESCRIPTION OF WELL A				
Southern Calif. F	Well No. Pool Name, Including			ease No.
Location	Eusk A	Sto	K Federal XX ReeX	
Unit Letter H;	1980 Feet From The North	ine and 660 F	eet From The <u>East</u>	
Line of Section 29	Township 19-S Range	32-Е , ммрм,	Lea	County
DESIGNATION OF TRANSPORTER OF Authorized Transporter of	ORTER OF OIL AND NATURAL G			
THE PERMIAN CORPO		1	ich approved copy of this form is to be so	•
Name of Authorized Transporter of	Casinghead Gas or Dry Gas X	Address (Give address to wh	ND, TEXAS 79701 ich approved copy of this form is to be so	ent)
PHILLIPS PETROLEU		PHILLIPS BUILDI	NG, ODESSA, TEXAS 79760)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 29 19-S 32-	E Yes	At Completion	
if this production is commingled	with that from any other lease or pool	, give comming ling order num		- ~
COMPLETION DATA Designate Type of Complete	Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v. Di	iff. Resiv.
Date Spudded				
Date Spuaded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	j Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of epth or be for full 24 hours)	load oil and must be equal to or exceed t	top allow-
OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum	p, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas - MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ERTIFICATE OF COMPLIA	NCE	OIL CONS	ERVATION COMMISSION	
		/ EE		
ommission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	, 19	
pove is true and complete to the	ne best of my knowledge and belief.	BY	MM	
/		TITLE SUPERV	SOR DISPRICE	
Dorace L.	0.	'~	ed in compliance with RULE 1104.	
Sin	nature)	If this is a request for	r allowable for a newly drilled or de- companied by a tabulation of the de-	epened
Horace L. Conger -	Production Foreman		companied by a tabulation of the de accordance with RULE 111.	
(7	itle)	All sections of this for able on new and recomple	orm must be filled out completely for ted wells.	allow-

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

well name or number, or transporten or other such energy of conditions.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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NO. OF COPIES REC	CIVED	
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IRANSPORTER	OIL	
TRANSPORTER	GAS	
OPERATOR		

January 1,
(Date)

1971

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE	4.	AND	Effective 1-1-65
U.S.G.S.	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	_		
TRANSPORTER OIL GAS			
OPERATOR	-		
PROPATION OFFICE	-		
Operator			
El Paso Products Con	npany		
Address			
P. O. Box 3986, Odes	ssa, Texas 79760		
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry G	Gas 🗍	
Change in Ownership X		ensate	
If change of ownership give name	Trebol Drilling Compa	any, P. O. Box 3986, Ode	essa, Texas 79760
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including	Formation Kind of Lea	Ledse No.
Southern California Fed	d. 1 Lusk - Strav	wn XXXXXX Fede	ral XXXX
Location		······································	
Unit Letter H ;	1980 Feet From The North Li	Ine and660 Feet From	East
Onit Cottes	I det i tom The	reet Flori	The
Line of Section 29 To	ownship 19-S Range	32-E , NMPM,	Lea County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of Oi			oved copy of this form is to be sent)
ne Permian Corporation		Box 3119, Midland,	Гехаs 79701
Name of Authorized Transporter of Co	ssinghead Gas 🔂 or Dry Gas		oved copy of this form is to be sent)
Phillips Petroleum Cor		Phillips Bldg., Odes	
	Unit Sec. Twp. Rge.		Then
If well produces oil or liquids, give location of tanks.	F 29 19S 32E	Yes	At Completion
<u> </u>			At completion
	ith that from any other lease or pool,	, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
Designate Type of Completi			1
Date Spudded	Date Compl. Ready to Fred.	Total Depth	P.B.T.D.
	, , , , , , , , , , , , , , , , , , , ,		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
(21, MLD, M, OM, ELC.)		10,000	
Perforations			Depth Casing Shoe
101012110110			
	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	T T T T T T T T T T T T T T T T T T T	DEPTH SET	CACKE CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTRISE	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or exceed top allow-
OIL WELL Date First New Oil Bun To Tunks	Date of Test	Producing Method (Flow, pump, gas	ift. etc.)
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
Bongin of Foot			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
CAC WELL		ı	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Float 1441-Mai / D		DDID! COMMUNICATION NUMBER	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
realing Method (proof seem proy	· ming ricosaa (mmc-22)	Costing Freezewe (Dates 211)	Choke Size
		<u> </u>	<u> </u>
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION
		TRN	1
I hereby certify that the rules and r		APPROVED STATE	, 19
Commission have been complied washove is true and complete to the	tion and that the information given best of my knowledge and belief.	BY THE	And
	• • • • • • • • • • • • • • • • • • •		
/		TITUE	Fig. 1
Dorace L C	<i>a</i>	This form is to be filed in	compliance with RULE 1104.
Sorace & (onger	11	wable for a newly drilled or deepened
(Signa	iture)	well, this form must be accompa	nied by a tabulation of the deviation
Horace L. Conger - I	Production Foreman	teets taken on the well in acco	rdance with RULE 111.
(Tit	Ia I	All sections of this form mu	ist be filled out completely for allow-

All sections of this form must be able on new and recompleted wells.

Fill out only Sections E. 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.

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JAN (107)

OIL COMBEDITATION COUNT.