OF LUNIES MECETYES DISTRIBUTION

| | SANTA FE | 1 | REQUEST FOR ALLOWABLE | | | Supersedes Old C-104 and C-110 | |
|------|--|--|--|---------------------|--------------------------|------------------------------------|--|
| | FILE | | | | | Effective 1-1-65 | |
| | U.S.G.S. | AUTHORIZATION TO TRAINS ORT OIL AND HATORAL GAS | | | SAS | | |
| | LAND OFFICE | _ | | | | | |
| | TRANSPORTER GAS | - | | | | | |
| | OPERATOR | _ | | | | | |
| ı. | PRORATION OFFICE | | | | | | |
| | Operator | | | | | | |
| | Address Son 11 to cany | | | | | | |
| | Address | | | | | | |
| | Reason(s) for filing (Check proper box | ioner Jelles, | Other (Pleas | e explain! | | | |
| | New Well | Change in Transporter of: | June, (. read | | | | |
| | Recompletion | Oil Dry Ga | s 🔲 | | | | |
| | Change in Ownership | Casinghead Gas Conden | sate | | | | |
| | | | | | | | |
| | If change of ownership give name and address of previous owner | Jenary il and as o A | and t | J - 840, -70- 17- 1 | | | |
| | | | | | | | |
| 11. | DESCRIPTION OF WELL AND | Well No. Poo. Name, Including Fo | ormation | Kind of Lease | | Lease No. | |
| | | | State, Federal or Fe | | | | |
| | Location | /acuse / | 38 | <u> </u> | | | |
| | | Feet From The orth Lin | a and 330 | Feet From 1 | rha est | | |
| | Unit Letter ; 105 | peet Float the Garage | . G. G. | | | | |
| | Line of Section 8 To | ownship 175 Range | 3LE , NMPN | А, | Lea | County | |
| | | | | | | | |
| III. | DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | S Address (Give address | to which approx | and convolthis form is | to be sent! | |
| | Name of Authorized Transporter of Oi | | | | ved copy of this form is | to de semi | |
| | Texas ew ax160 / Name of Authorized Transporter of Co | isinghead Gas Cor Dry Gas | Address (Give address to which approved | | ved copy of this form is | d copy of this form is to be sent) | |
| | 1 | ising is due to a surface of the sur | wesse. | | | | |
| | illis et vo. | Unit Sec. Twp. Rge. | Is gas actually connect | | en . | | |
| | If well produces oil or liquids, give location of tanks. | the state of the s | 1 68 | 1 24 | rokers turn | | |
| | es e | ith that from any other lease or pool, | · | r number: | | | |
| IV. | COMPLETION DATA | | give comming and | | | | |
| | Designate Type of Completi | Oil Well Gas Well | New Well Workover | Deepen | Plug Back Same R | estv. Diff. Restv. | |
| | Designate Type of Completi | | <u> </u> | <u> </u> | 10070 | _ | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | |
| | Charles (DE DVD DT CD | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Faintailor. | 100 017 043 147 | | l com a cope | | |
| | Perforations | | | | Depth Casing Shoe | | |
| | | | | | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH S | ET | SACKS CE | MENT | |
| | | | | | <u> </u> | | |
| | | | | | | | |
| | | _ | · | | + | | |
| | | | 1 | | <u> </u> | | |
| V. | TEST DATA AND REQUEST F | FOR ALLOWABLE (Test must be a able for this de | fter recovery of total vol pth or be for full 24 hour | ume of load oil | and must be equal to b | exceed top ditow | |
| | OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| | | | 1 | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | | Choke Size | | |
| | | | | | Gge - MCF | | |
| | Actual Prod. During Test | Oil-Bi | | | Gd# - MCF | | |
| | Actual Prod. During Test Oil-Bi | | | DLE | | | |
| | | I fine line line V/1 | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMC | OF . | Gravity of Condensa | t• | |
| | Actual Prod. 1881-MCF/D | Langua of Tool | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shu | t-in) | Choke Size | | |
| | | | | | | | |
| VI | CERTIFICATE OF COMPLIAN | ICE | OIL | CONSERVA | TION COMMISSION | ON | |
| ¥1. | I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | · , | | | | |
| | | | APPROVED, 19 | | | | |
| | | | BY | | | | |
| | above is true and complete to the best of my knowledge and belief. | | 1 | | | | |
| | 1 | | TITLE | | | | |
| | Money | | This form is t | o be filed in | compliance with RU | LE 1104. | |
| | i va den | | 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 tests taken on the well in accordance with RULE 111. | | | | |
| | (Signature) | | | | | | |
| | mod fin F | | All sections of this form must be filled out completely for sllow- | | | | |
| | (Title) | | able on new and recompleted wells. | | | | |
| | | Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. | | | | | |
| | (Date) | | well name or number, or transporter, or other such change of conditions | | | | |

well name or number, or transporter, or other such change of condition.

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