NO. OF COPIES RECEIVED	Superior Warn	· •	
DISTRIBUTION	MENICO CIL CONSE	ERVATION COMMISSION	Supersedes Old C-104 and C-110
NTA FE	DEQUEST FOR	RALLOWABLE	Effective 1-1-55
LE	AN AUTHORIZATION TO TRANSP		
s.G.S.	AUTHORIZATION OF RANGE	ON TOLE MAD TAX STATE	
AND OFFICE			
RANSPORTER GAS			
PERATOR			
RORATION OFFICE			
erator			
्रिक्टिक्ट विकास			
		Other Please explain)	
eason(s) for filing (Check proper 3.78)		Office Filedse Super A	
ew Well	Change in Transport 194.  Oil Day Gro		
ecompletion	Trainghead Gas   Condensate	·	i .
hange in Ownership			ALL STREET
change of ownership give name d address of previous owner	The Same of the Sa	A STATE OF STATE	
d address of proving			
ESCRIPTION OF WELL AND I	Unit Well to For I Mark to a real Marky	ution Kind of Lease	Ledse 1
		State, Federal o	E-1533
Fast Fumon			The art
· τ 108	O Feet From The South Line of	od1980 Peet From Th	e East
			Iea Gounty
Line of Section 33 Tow	viship 188 min	3/8 / 2001 00	
TO THE OWNER OF THE ANCHORS	IER OF OIL AND NATURAL GAS		if the form is to be sent;
ESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	in ress (Give address to which approve	ed copy of this form is to be semy
· 學生物學	Africa Carlos Signatura	City of drass to which approve	ed copy of this form is to be sent;
Name of Authorized Transporter of Cas	After that After a containing and Gas & Or Deckson A	Box 67, Monument,	New Mexico
Warren Pet	croleum Co.	s to detually "ennected? When	
If well produces oil or liquids,	0.11	Yes	1957
give location of tanks.	th that from any other passe w poel, give		
f this production is commingled wi	th that from any other 1411 127-7 B	N. World Wover Deeper	Mag Reack   Same Rest   1886, Restv.
	THE WALL TO STANK	P. Web College Control of Control	
Designate Type of Completic		Intal Death	EARL D.
Date Spudded	Linte Joseph. Ready to		:
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Forman	Tep 0:1/Gac 1 my	Tuning Depth
Elevations (IVI , 1010) 101 , 00 ; 1000	:		Depth Casing Shoe
Perforations			1
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
	and the second s	ter recovery of total volume of load oil	and must be equal to or exceed top allou
TEST DATA AND REQUEST I	FOR ALLOWABLE do not this den	ith of he for "is. 24 nours!	
OIL, WEILL Date First New Oil Run To Tanks	Pate of Test	Producing Weshed (Flow, pump, gas li	jt, etc.)
	:	Casing Pressure	Choke Size
Length of Test	Fubing Pressure	Martin Lagonia	
	O(i - Bb)'s.	Water-Sble-	Gas - MOF
Actual Prod. During Test	744		
GAS WELL		Bhls. Condensate/MMCF	Gravity of Condensate
Actual Pred. Test-MCF/D	Length of Test	EDIS, Condensed & MMC.	
	Tubing Pressure (Shirt-La)	Casing Prescure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Frobband ( Oct. 18 144 )		
A COMPANY	NE	OIL CONSERV	ATION COMMISSION
CERTIFICATE OF COMPLIA	7-4 € <u>=</u> 7		. 19
Thereby cortify that the rules an	ad regulations of the Ci. Conservation	APPROVED	11/2/1
Commission have been complied	d with and that the information given the best of my knowledge and belief.	ВУ	JULI J
above 13 true and complete to		TITLE	
		TITLE	compliance with RULE 1104.
	. ,		
1 x ul	ade	well, this form must be accomp	ordence with RULE 111.
/S	tgrotts of	tests taken on the well in acc	nust be filled out completely for allo
	(Title)	able on row and recompleted	obenges of own
			II. III, and VI for changes of own orter, or other such change of conditions to the first for each pool in multiplied for each pool in multipl
مسترا <del>که نیستانی های این این این این این این این این این ا</del>	(Date)	Separate Forms C-104 m	ust be filed for each pool in multip
		completed wells.	

NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			HUBBS OFFICE OLC. C.
SANTAFE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE	i Pale		Sc. Indicate Type of Marse
U.S.G.S.			State Fee
LAND OFFICE	1		5, State Oil & Gas Lease No.
OPERATOR			
SUNDR	Y NOTICES AND REPORTS ON POSALS TO DRILL OR TO DEEPEN OR PLUG B	WELLS	
USE "APPLICAT"	ION FOR PERMIT - ** (FORM C-101) FOR SUC	H PROPOSALS.)	7, Unit Agreement Name
OIL GAS WELL	OTHER.		
2. Name of Operator	Old Company		8. For the water unit
3. Address of Operator, O. O. S.	149, Robbus, Mens Morekoo G	1)2k0	9. Well No.
			10 Ethald and Powl or Wildcat
4. Location of Well	ogo South	1980 FFFT	10. Find and Pool or Wildcat
UNIT LETTER,	980 FEET FROM THE South	LINE AND FEET	FROM THE
THE East LINE, SECTION	on	RANGE 37E	мрм. (((((((((((((((((((((((((((((((((((
mmmm	15. Elevation (Show whether	DE PT CP etc.)	12.
	15. Elevation (Snow whether	Dr, RI, GR, etc.)	12. 3
16. Ch - al-	Appropriate Box To Indicate N	lature of Nation Papart of	Other Date
	Appropriate Box To indicate P	•	JENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE FEARS	OTHER	' [ <del>A</del> -
OTHER			
			1230
work) SEE RULE 1103.	perations (Clearly state all pertinent det	atis, and give pertinent bates, the	uding estimated date of starting any proposed
Well shu	6 iz pending developskut	of water flood.	
	知识 经 100000 新文 种	•	
	一句的是我不管某种		
18. I hereby certify that the information	above is true and complete to the best	of my knowledge and belief.	
Original Signed B	<b>8</b> 5	lrea Superi <b>ntendent</b>	6-16-67
SIGNED C. L. WADE	TITLE	re with an agreed absentantion of	DATE
(			
APPROVED BY	TITLE		DATE

CONDITIONS OF APPROVAL, IF ANY: