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	Auf	TO ALL CONS	FRVATION	OMMISSION	g Form ⊜	104.1
DISTRIBUTION	at <i>IN</i> ∃_	F CUST SOF	ALLOWAR	₹.E. *		des Old C-104 and C-11
SANTA FE			ς χειο πε Ν)	. 	Elifecti	re 1-1-65
FILE				MO NATUDAL	GAS	
u.s.g.s.	AUTHORIZATION	CONTRACTOR	PORT OIL	NO MATORAL	ONO	
LAND OFFICE						
TRANSPORTER GAS						
OPERATOR						
PRORATION OFFICE						
Operator						
Getty Clinical	XENDERA					
Address	4	70A	1.00			
P. O. Box 8	ing, Horbs, New	1,030,000 000	/手 / 	lease explain:		
Reason(s) for illing (Check proper bus)			. Othe	rieuse exceller		
New Well	Shange in Transpor		السمع			
<u></u>	C+	° (€.				
Recompletion	Costaubend Cas	responding				
Change in Ownership 🙎						O O O O O O
f change of cwnership give name	Elderster Co	de caranta I	Pa O. Por	249, Hobbs,	New Westroc	OOSAKI
i change of cwhership give humb and address of previous owner	Trongsandr Cr	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
DESCRIPTION OF WELL AND I	E ISF		.954,	Figure 120	100	ieis€ .
Lease Name	IIm i +			State, Fed	erd or Dee Fee	
East Eumon	t 7	Jumont Ques	en			
					West	
M 880		loutia 🗼 👝	_{ed} 660	Teet Dro	r. 150	
Unit Letter					- 1	- L.
22	enstar 18S	Tyruses	37E	. NMF 14,	Lea'	Sour'y
Line of Section 33	()					
	TO AND ST. AND ST.	TT PAT GAS				
DESIGNATION OF TRANSPORT	X or Contensor		Advess Green	Idress to which ap	proved copy of the	form is to be sen-
Name of Authorized Transporter of Cit			Box 3	119, Midland	i, Texas	
The Permia	n Corp.		Service of the servic	diress to which ap	proved copy of thi	s form is to be sent;
Name of Authorized Transporter of Cas	sinclead Gas 🛣 💮 🤼	÷141	Date 6	7, Monument	New Mexic	5
Warren Pet	roleum Corp.		Box c	, Monumento	That	
	The state of the s		e garatematic	inclue rest?	300	7
If well produces oil or liquids,	M; 33	38 37	Yes	±		
give location of tanks.			in a community	order number:		
If this production is commingled wi	ith that from any other	edde wilder w	rojej sjenisolikare,	•		
COMPLETION DATA			Fow Follows	ikover Despen	Flad Pas	Tame Nesty, 19111, nes
Designate Type of Completic						
Designate Type of Compacts	****		Teta. Lepth		1 14.14.7.17	
Date Spudded	Date Somply Recivity	T1784	1 1 102 101 191 191			
					Tubing Des	1
Elevations (DF, RKB, RT, GE, etc.	Name of Froducina File	minter to	Tap Att Gas.	W.	,	
Elevations (B1) (Cary 100)	1				Teph Cost	7 8300
					. ******** *****	14 17 1
Perforations						,
	TUDIM?	CASING, AND	CEMENTING	RECORD		
				EPTH SET	S	ACKS CEMENT
HOLE SIZE	CASING & TUE	1M3 212 5				
				·		
		and he of	ter recovery C	total volume of loa	d oil and must be	iqual to or exceed top a
. TEST DATA AND REQUEST I	FOR ALLOWABLE	onle for this se	ash or be for	al 24 hours)		
OIL WELL			Producing Mc	racd (Flow, pump,	as lift, etc.)	
Date First New Cil Run To Tanks	Date of Test		•			
			Casing Pres	ುತ್	Choke Size	•
Length of Test	Tuning Pressure					
			Water - Bble		Gan-MCF	
	ga-Abis.		Woter - Bale.		:	
Actual Pred. During Test			İ			
Actual Pred. During Test						
Actual Prod. During Test						
GAS WELL	and of Tax		Bbls. Com'o	t.sqte/MMCF	Gravity of	Condensate
	_esqth of Tos		Bbls. Cordo	t.sate/MMCF	Gravity of	Condensate
GAS WELL Actual Prod. Test-MOF/D	!				Gravity of	
GAS WELL	Letyth of Tos Tubing Pressure (E)	~ 25 }		nsate/MMCF		
GAS WELL Actual Prod. Test-MOF/D	!	-12)		sure (Shut-in)	Choke Siz	8
GAS WELL Actual Prod. Test-MCF/D Testing Nethcd (pitol, back pr.)	Tubing Presente (&	15-25 }			Choke Siz	8
GAS WELL Actual Prod. Test-MCF/D Testing Nethod (pitol, back pr.)	Tubing Presente (&	V-25 }		sure (Shut-in)	Choke Siz	• DMMISSION
GAS WELL Actual Prod. Test-MCF/D Testing Nethod (pitot, back pr.)	Tubing Pressure (E)		Casing Proc	OIL CONSE	Choke Siz	8
GAS WELL Actual Prod. Test-MCF/D Testing Nethod (pitos, back pr.)	Tubing Pressure (E)	* Conservation	Casing From	OIL CONSE	Choke Siz	DMMISSION
GAS WELL Actual Prod. Test-MCF/D	Tubing Pressure (E)	* Conservation	Casing From	OIL CONSE	Choke Siz	DMMISSION

C.x. 1	(Signature)	The second secon
Area	Superintendens	er open – i mod mandrigs i meganist stopen i mesen

September 30, 1967

(Date)

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APPROVED	, 19	
BY	Carl -	
	all the after	
T!T! F		

This form is to be filed in compliance with RULE 1104.

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.

All sections of this form must be filled out completely for allowable 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.

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