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SANTA FE			
FILE			_
U.S.G.S.			_
LAND OFFICE			_
TRANSPORTER	OIL		
	GAS		_
OPERATOR			_
PRORATION OF	ICE	<u> </u>	_
Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE	AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (	GAS
LAND OFFICE OIL			
TRANSPORTER GAS	1		
OPERATOR			
PRORATION OFFICE			
Operator		n 1/20	
Sonny's Oil Fi	eld Services, Inc., P. (	J. BOX 1438	
	. Hobbs, N. M. 88240		
Reason(s) for filing (Check proper box	1	Other (Please explain)	
New Well	Change in Transporter of:	Ownership chan	ge 1/1/70
Recompletion	Oil Dry Gas  Casinghead Gas Conden	Transporter ch	ange 2/1/70
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name	C. W. Trainer. P. O.	Box 1100, Hobbs, N. M.	88240
and address of previous owner	G. W. Harmer, 15 OF		
DESCRIPTION OF WELL AND	LEASE	ormation Kind of Leas	se Lease No.
Lease Name	Well No. Pool Name, Including Fo	Certa Fador	-) E
Simmons	1 Bishop Canyon	San Andres	Fee 574493
Location  Unit Letter L : 188	No Feet From The South Lin	e and 990Feet From	The West
Unit Letter L; 188	Feet From the Journ Lin	e diid	
Line of Section 10 To	ownship 18-S Range 38	-E , NMPM, <b>I</b>	ea County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
Admiral Crude Name of Authorized Transporter of Co	nsinghead Gas X or Dry Gas	P. O. Box 1713. Midle Address (Give address to which appro	oved copy of this form is to be sent)
Phillips Petro		Bartlesville, Okla.	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	15 gas actually commercial	hen
give location of tanks.	I. 10 18-S 38E		May 21, 1963
	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 Res'v. Diff. Res'v.
Designate Type of Complete	ion – (X)	1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Connairon		
Perforations			Depth Casing Shoe
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTRISET	SACKS SERVEY
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load or epth or be for full 24 hours)	il and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run 16 14mgs	Jan of Tool		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Water Phia	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		40.0	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size
		OII CONSERV	/ATION COMMISSION
. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	
The state of the s	d regulations of the Oil Conservation	APPROVED	, 19
Cindian boun been complied	with and that the information kiven		Mey
above is true and complete to t	he best of my knowledge and belief.		
111//	1 1	TITLE	
MA VANAAAAA	anhie (In	This form is to be filed in	n compliance with RULE 1104.
TUMINIAM	unu fi	If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat	
Drag (Si	gnature) I	tests taken on the well in acc	COLGENCA MILU MOFF 1111
F162	Title)	able on new and recompleted	must be filled out completely for allow wells.
2-3-70		Titl enty Castions T	IT IT and VI for changes of owne
(Date)		well name or number, or transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multip	
		NAME OF THE COLUMN TO THE COLU	, <del></del>

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