DISTRIBUTION Ш IV VI.

JUL/Matel 8, 1974

TO BE EFFECTIVE AUGUST 1, 1974

NEW MEXICO OIL CONSERVATION COM JON

Form C-104

S.E	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
3.6.5.	ALITHORIZATION TO TE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
AND OFFICE	NO MORIEATION TO TR	CANSFORT OIL AND NATURAL	GAS
RANSPORTER OIL			
GAS			
SPORATION OFFICE			
Operator			
Address			
Reason(s) for filing (Check proper l	har)	201 (0)	
ew Well	Change in Transporter of:	Other (Please explain)	
Recompletion	OH Dry G	change of op	erator from
Change in Ownership	Casinghead Gas Conde	ensate Penrose Prod	uction Co.
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	UN A PAGE		
Lease Name	Well No. Pool Name, Including I	Formation Kind of Leas	e Lease No.
The second second	2	State, Feder	
Lecation	L Hoods San 7	indres East	FEL
Unit Letter : ;	Feet From TheLi	ine and Feet From	The
	See Cult and No.		
Line of Section	Township Range	NMPM,	County
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G.	48	
Name of Authorized Transporter of		Address (Give address to which appro	ved copy of this form is to be sent)
Chall Direction			
रिकेट के ने प्राप्तिकेटक के बेनाइक तथे कर	Casinghead Gas 🕡 💮 or Dry Gas	Address Oive Oldress Co. 20th appro	ioustomistakis 70/82 251)
Phillips Fetrolog	TWP. Bge. Twp. Bge.	ls you detail by connected? Wh	
If well produces oil or liquids, give location of tanks.	Twp. Age.	is ydia detide liky (contracted? Wh	er.
	with the form of the form		
COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	tion (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		, and popul	
Perforations			Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	
110000 0100	CASING & TOBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas li)	(atc.)
			.,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	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
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
		1	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	Orio C: 1.
	he best of my knowledge and belief.	BY	The Date of the Da
		TITLE	Dur. I. Sow.
4 🔍			
MADICA MASAM		This form is to be filed in o	•
(\$ignature)		well, this form must be accompar	able for a newly drilled or deepened tied by a tabulation of the deviation
	<i>J</i>	tests taken on the well in accord	iance with RULE 111.
PREST	QENT	All sections of this form mus	t be filled out completely for allow-

able on new and recompleted wells.

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

Secreta Forms C-104 must be fited for each goal in multiply.