	IVED			
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.5.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PROBATION OFFICE		l	<u> </u>	
()perator				
Amera	da He	SS	Co	
Address P. O.	Box	591	. ,	
Reason(s) for filing	(Check s	roper	box	
New Well				
Recompletion			•	
Change in Overship				
If change o, ownership give name and address of previous owner				
DESCRIPTION O				

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA PORTER GAS		Form C-104 Supersedes Old C-104 and C-1; Elloctive 1-1-65	
1.	PROBATION OFFICE				
	Amerada Hess Con Address P. O. Box 591, N Reason(s) for filing (Check proper box) New Well Recompletion Change in Cv ership	Midland, Texas 79701	וויייייייייייייייייייייייייייייייייייי	LDIV. ORPORATION CORPORATION	
	If change o. ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I Lease Name State W M "E" Location	Well No. Pool Name, Including Fo	OO State: Federa	State B-1431	
		Feet From The North Line		The West	
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s	LI-A	
	Name of Authorized Transporter of Oil Texas-New Mexico Pip Name of Authorized Transporter of Cas	or Condensate Deline Company	Box 1510 Midland Address (Give address to which appro	Tayas 79701	
	Warren Petroleum Cor If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 31 18-S 37-E	Yes	klahoma 74102	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	New Well Workover Dempen	Plug Back Same Resty. Diff. Resty	
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
			D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEFINACI		
V.	TEST DATA AND REQUEST F. OII, WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	ofter recovery of total volume of Iroad of epith or be for full 24 hours) Producing Method (Flow, pumps, gas in	l and must be equal to or exceed top allow	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
		<u> </u>			
	Actual Frod. Toet-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	
VI.	CERTIFICATE OF COMPLIAN		AUG 18	1971 . 19	
	a the base associated to	regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	BY THE COR	DISTRIC T I	
	1-11	\		compliance with RULE 1104.	

PRODUCTION RECORDS SUPERVISOR

If this is a request for allowable for a newly drilled or despens well, this form must be ancompanied by a tabulation of the deviation tests taken on the well be accordance with RULE 111.

All sections of this form must be filled out completely for ellowable on the deviation of the form must be filled out completely for ellowable on the deviation of the form must be filled out completely for ellowable on the deviation of the filled out completely for ellowable on the deviation of the filled out completely for ellowable on the deviation of the filled out completely for ellowable or the deviation of the filled out completely for ellowable or the deviation of the filled out completely for ellowable or the deviation of the deviatio

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AUG C 1971 OIL CONSEDUATION COMM. HOSES, E. E.