NO, OF COPIES RECEIVED						
DISTRIBUTION	NEW MEXICO OI	L CONSERVATION COMMISSION	Form C-104			
SANTA FE	REQUEST FOR ALLOWABLE					
		AND	Effective 1-1-65			
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	GAS 1 OD			
! OIL						
GAS						
CPERATOR						
FRORATION OFFICE						
· erator						
Trebol Drilling	Company					
	Odessa, Texas 79760		·····			
Bason(s) for filing (Check proper )	Odessa, Texas 79760	Other (Please explain)				
New Well	Change in Transporter of:					
Encompletion Change in Ownership X						
		ndens ate				
If change of ownership give name	<sup>e</sup> Southern New Mexico	o Oil Corporation				
and address of previous owner	P. O. Box 1659, Mic		······			
DESCRIPTION OF WELL AN	D LEASE					
<sup>1</sup> Southern Califor	nia	Name, Including Formation	Kind of Lease			
Determine Federa	al 3 Lu	isk_Strawn	XXX Federal or XX			
	990 couth	1000				
Unit Letter <u>K</u> ; <u>1</u>	.JOU Feet From The SOUTN	Line and <u>1980</u> Feet From	n The <u>West</u>			
Line of Section 29 ,	Township 198 Range	32E , NMPM, Lea	County			
			······································			
D SIGNATION OF TRANSPO	RTER OF OIL AND NATURAL					
the of Authorized Transporter of			roved copy of this form is to be sent)			
The Permian Corp		P. O. Box 3119, M	Idiand, Texas roved copy of this form is to be sent)			
			· · · · · ·			
Phillips Petrole	Unit Sec. Twp. Rge.	Is gas actually connected?	<u>, Odessa, Texas 79760</u> <sup>Vhen</sup>			
<ul> <li>well produces oil or liquids,</li> <li>b location of tanks. LACT</li> </ul>	F 29 195 321	E Yes	At completion			
This production is commingled	with that from any other lease or po					
PLETION DATA						
Designate Type of Comple	ction - (X)	l New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
:0 Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
opudded			F.B.1.D.			
1:52	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
erferations			Depth Casing Shoe			
		AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			· · · · · · · · · · · · · · · · · · ·			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must l	be after recovery of total volume of load o	il and must be equal to or exceed top allow			
OIL WELL	able for thi	s depth or be for full 24 hours)	•			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
Lerath of Test	Tubing Pressure	Casing Pressure	Choke Size			
Length of Test	Turnig Fressure	Casing Fressure	CHOKE SIZE			
Actual Frod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
		1 <u></u>				
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
In Mary Mathed Inited Last	Tubing Descours	Concern Deserves				
eating Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
CERTIFICATE OF COMPLIA	ANCE		ATION COMMISSION			
Thompson and the state of	a and completions of the Oil O		19 <sup>10</sup> 55			
Commission have been complie	nd regulations of the Oil Conservati d with and that the information giv					
above is true and complete to	the best of my knowledge and belie	ef. BY	Any			
	-					

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 Sections I, II, III, and VI only 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

August 26, 1966 (Date)

(Signature) Drilling and Production Superintendent

(Title)

NUMBER OF COPIES RECEIVED		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		
DISTRIBUTION		<b>1</b> 1	EW MEXICO OI		FRVATI	ON COMA JON		50 P.4 C 110
SANTA FE								
U. B. G. S.		( and				and the second sec		(Rev. 7-60)
LAND OFFICE			CATE OF CO	MPLI	ANCE	AND AUTHORIZA	TION	
TRANSPORTER GAS		τı			AND	NATURAL GAS		
PRORATION OFFICE			JIKANJEUK		. AND	NATURAL GAS	,	
OPERATOR			RIGINAL AND A C	OPIES		APPROPRIATE OFFIC		
Company or Operator	venged ter			.0/123		Lease	<u> </u>	W. IL NT.
Company of Operator	Southern 1	New Mexico Of	11 Corporatio	573		So. Calif. FR.	Pad	Well No.
11_:. I		[m 1:	1.			······································	reu.	
Unit Letter	Section	Township	Range	<b>.</b>		County		
	29	19-5		2 <b>-8</b>		Lea		
Pool	Lusk St	rabin				Kind of Lease (State, Fed, F	'ee)	
	Tree of		1			Fed.		
	luces oil or con-		Unit Letter	2	Section 29	Township 19-5	Range	32- <b>E</b>
give	location of tank							
Authorized transporter	of oil 🚺 or c	ondensate		Addres	s (give add	ress to which approved copy	of this for	m is to be sent)
Th	e Permian	Corporation		1	ox 311	9 Midland, Texas		
		-				-		
		ls Gas Ad	tually Connecte	d? Y	s X	No		
A L. 1			·····	+			-6 41 · - 6	
Authorized transporter	or casing head	gas 📘 or dry gas	Date Con- nected	Addres	s (give add	ress to which approved copy	oj this jorn	n is to de sent)
		-						
Phillip	s Petrole	um Co.	2/1/64	Phi	llips	Bldg., Odessa, Te	XAS	
If gas is not being sold		and also smallers inc		1				
in guo to not being sord	, pre reasons	and also explain its	present disposition.					
		REASO	N(S) FOR FILING	(please	check pre	oper box)		
	N7							
		• • • • • • • • • • • • • • •		Chang	e in Owner	ship [		
	-	ansporter (check one		Other	(explain be	low)		
	Oil	Dry (	Gas 🗀					
	Casing he	ad gas . 📺 Cond	ensate	Cha	nge in	Pool Designation		
Remarks								
itematks								
The undersigned cert	ifies that the	Rules and Regulat	ions of the Oil Co	nservat	on Commi	ssion have been complied	with.	
	Executed	this the	_ day ofM	/		_, 19 <b>64_</b> .		
				By		· · · · · · · · · · · · · · · · · · ·		
OF	CONSERVAT	ION COMMISSION			-			
Approved by	·	· · · · · · · · · · · · · · · · · · ·		1	E	Herews	0,	.H. Crews
4				Title		<u>alan</u>		· · · · · · · · · · · · · · · · · · ·
N					Agent			
Tiel				6			. <u> </u>	
Thue /				Compar	у			
	r Nuclid	1		Sa	ther	New Mexico Oil Co	rnorst	lon
<u> </u>	£ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	·				NUT STRALUU VII VU	- pressi	
Date				Addres	;			
	$L_{1,2}$	15 354		-	<b>m</b>	1680 34411		
	,	The second		<b>r</b> . (	. BOX	1659, Midland, Te	XAS	
				1				

	NO. OF COPIES RECEIVED	EW MEXICO OIL C		Form C-104			
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
	FILE .		AND ANSPORT OIL AND NATURAL G				
		AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G				
	TRANSPORTER OIL	4.					
	GAS OPERATOR			i			
<b>.</b>	PRORATION OFFICE	1					
	Operator El Paso Products Cor	many					
	Address P. O. Box 3986, Odes						
	Reason(s) for filing (Check proper box,		Other (Please explain)	······			
	New Well	Change in Transporter of: Oil Dry Ga					
	Change in Ownership X	Casinghead Gas Conder					
	If change of ownership give name and address of previous owner	Trebol Drilling Comp	any, P. O. Box 3986, Odes	ssa, Texas 79760			
1.	DESCRIPTION OF WELL AND	LEASE		· · · ·			
	Lease Name	Well No. Pool Name, Including F		Lease No.			
	Southern California Fed	. 3 Lusk - Str	awn State, Federal	ox x <del>x</del>			
	Unit Letter K ; 198	80 Feet From The South Lin	ne and 1980 Feet From T	he West			
	* ******************************						
	Line of Section 29 Tow	mship 19-S Range	32-Е , ММРМ,	Lea County			
1.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	A or Condensate	Address (Gue address to which approve				
	The Permian Corpora Name of Authorized Transporter of Cas	tion Linghead Gas 🔀 or Dry Gas 🗔	Box 3119, Midland, Tex Address (Give address to which approve	<u>xas 79701</u> ed copy of this form is to be sent)			
	Phillips Petroleum (		1992 rationillips Bldg., Odessa				
1	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	n			
l	give location of tanks.	F 29 198 32E	Yes	At Completion			
<b>y.</b>	If this production is commingled wit COMPLETION DATA	Oil Well Gas Well	give commingling order number:	Plug Back   Same Restv.   Diff. Rastv.			
	Designate Type of Completio	1	4				
	Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
				)			
	· · · · · · · · · · · · · · · · · · ·			)			
۰.`	TEST DATA AND REQUEST FO	DE ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow			
	OIL WELL Date First New Oil Run To Tanks	able for this de Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	, etc.)			
	t	Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test						
	Actual Prod. During Test	Oil - Bbis.	Water-Bbis.	Gas - MCF			
l							
	GAS WELL						
ſ	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			
ן ו ו	CERTIFICATE OF COMPLIANC						
			1 IAN 7				
- 1	I hereby certify that the rules and ru Commission have been complied w above is true and complete to the	ith and that the information given	BY	Anna			
	Λ		TITLE 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 allow- able on nev and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.				
	at ite	N )					
-	Horace & C	onger					
	(Signa Horace L. Conger - H	Production Foreman					
~	(Tul						
	A DESCRIPTION OF THE OWNER OWN	ry 1, 1971					
-	(Dat	e)	Separate Forms C-104 must be filed for each pool in multiply completed wells.				

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JAN C 1071 OIL COLONIVATION COMMUNICATION COMMUNICATION