NO. OF COPIES RECI	EIVEO	
DISTRIBUTIO		
SANTA FE		
FILE		
u.s.g.s.		
LAND OFFICE		
IRANSPORTER	OIL	
THANGE GITT EN	GAS	
OPERATOR		
PRORATION OF		

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE			. REQUEST F			OWABLE	Supersedes Old C-104 and C-11	
FILE			AND				Effective 1-1-65	
u.s.g.s.			AUTHORIZ/	ATION TO TE	RANSPORT	OIL AND N	ATURAL GA	S
LAND OFFICE		1						
IRANSPORTER	GAS							
OPERATOR		1						
PROPATION OFF		Gas Co	ompany -					
l .			ic Richfie	ld Company	7			
Address								
P. O.	Box 17	10, Hob	obs, New Me	exico 882	240			
Reason(s) for filing ((Check prope	er box)		· · · · · · · · · · · · · · · · · · ·		Other (Please e	xplain)	
New Well			Change in Trans	sporter of:	_	_	operator	
Recompletion	Ц		Oil	Dry	Gas	effective	e: 4-1-7	9
Change in Ownership			Casinghead Gas	Cone	densate			
If change of owners and address of prev					. *************************************	· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION O	F WELL A	IND LEA	SE	Wast Mar I man				
Lease Name	4032	State		Well No. Pool !	acum	abo	10 1	Kind of Lease State, Federal or Fee State
Location /		۸ , سر		24			U	1.1 L
Unit Letter	<u> : -</u>	<u> 3/0</u>	Feet From The	Morth:	ine and	5/0	Feet From Th	West
Line of Section	17	, Township	p 185	Range	35E	, NMPM,		Lew County
DESIGNATION O	F TRANS	PORTER	OF OIL AND	NATURAL (CAS			
Name of Authorized			or Condens		Addres (iye address to	which approve	copy of this form is to be sent)
JoNas n	ow Me	Micis	Lochni	e Co.	1.0.0	Box 1510	2. Midi	and Dev.
Name of Authorized	Trapsporter	of Casingha	ead Gas D	r Dry Gas	Address (ive address to	which approve	copy of this form is to be sent)
Chillips	Petro	leum	16.		14001	Yenler	ock. (dessa Ter.
If well produces oil	or liquids,	Uni	Sec.	Twp. Rge.	Is gas act	ually connected	? When	1 - 2 1 3
give location of tank	s.	! ————————————————————————————————————	F 17	<u> 18 : 35</u>	400	/		6-20-63
If this production is COMPLETION DA		ed with the	at from any othe	er lease or poo	ol, give comm	ingling order r	number:	PC-240
Designate Typ	e of Comp	oletion -	(X)	l Gas Well	New Well	Workover	Deepen -	Plug Back Same Res'v. Diff. Res'v.
Date Spudded No Change		Date	• Compl. Ready t	to Prod.	Total Dep	th		P.B.T.D.
Pool		Nam	ne of Producing F	Cormation	Top Oil/G	as Pav		Tubing Depth
					10000,0	,		. waiig Sopiii
Perforations					· · · · · · · · · · · · · · · · · · ·			Depth Casing Shoe
			TUBIN	IG, CASING, A	ND CENENT		<u></u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
HOLE	SIZE		CASING & TU		NU CEMENI	ING RECORD		
				JBING SIZE	NO CEMENT	DEPTH SET	-	SACKS CEMENT
				JBING SIZE	ND CEMENT			SACKS CEMENT
				JBING SIZE	ND CEMENT			SACKS CEMENT
				JBING SIZE	ND CEMENT			SACKS CEMENT
						DEPTH SET		
TEST DATA ANI	REQUES	ST FOR A	LLOWABLE	(Test must be	after recovery	DEPTH SET		SACKS CEMENT i must be equal to or exceed top allow-
TEST DATA ANI OIL WELL Date First New Oil F			ALLOWABLE	(Test must be	e after recovery	DEPTH SET	e of load oil and	i must be equal to or exceed top allow-
OIL WELL				(Test must be	e after recovery	OEPTH SET	e of load oil and	i must be equal to or exceed top allow-
OIL WELL Date First New Oil F		s Date		(Test must be	e after recovery	of total volume full 24 hours) Method (Flow,	e of load oil and	i must be equal to or exceed top allow-
OIL WELL Date First New Oil F No Change Length of Test	Run To Tank	s Date	e of Test	(Test must be	e after recovery depth or be for Producing Casing Pr	OEPTH SET of total volume full 24 hours) Method (Flow,	e of load oil and	i must be equal to or exceed top allowetc.) Choke Size
OIL WELL Date First New Oil F No Change	Run To Tank	s Date	e of Test	(Test must be	e after recovery depth or be fo	OEPTH SET of total volume full 24 hours) Method (Flow,	e of load oil and	i must be equal to or exceed top allow- etc.)
OIL WELL Date First New Oil F No Change Length of Test Actual Prod. During	Run To Tank	s Date	e of Test	(Test must be	e after recovery depth or be for Producing Casing Pr	OEPTH SET of total volume full 24 hours) Method (Flow,	e of load oil and	i must be equal to or exceed top allowetc.) Choke Size
OIL WELL Date First New Oil F No Change Length of Test Actual Prod. During	Run To Tank	S Date	e of Test ping Pressure -Bbls.	(Test must be	e after recovery depth or be for Producing Casing Pr Water-Bbi	of total volume full 24 hours) Method (Flow,	e of load oil and	i must be equal to or exceed top allowetc.) Choke Size Gas-MCF
OIL WELL Date First New Oil F No Change Length of Test Actual Prod. During	Run To Tank	S Date	e of Test	(Test must be	e after recovery depth or be for Producing Casing Pr Water-Bbi	OEPTH SET of total volume full 24 hours) Method (Flow,	e of load oil and	i must be equal to or exceed top allowetc.) Choke Size
OIL WELL Date First New Oil F No Change Length of Test Actual Prod. During	Run To Tank Test	Tub	e of Test ping Pressure -Bbls.	(Test must be	e after recovery depth or be for Producing Casing Pr Water-Bbi	OEPTH SET of total volume full 24 hours) Method (Flow, essure s.	e of load oil and	i must be equal to or exceed top allowetc.) Choke Size Gas-MCF
OIL WELL Date First New Oil F No Change Length of Test Actual Prod. During GAS WELL Actual Prod. Test-M Testing Method (pitch)	Test MCF/D ot, back pr.)	Tub Oil Len	e of Test bing Pressure -Bbls.	(Test must be	e after recovery depth or be for Producing Casing Pr Water-Bb	of total volume full 24 hours) Method (Flow, essure s.	e of load oil and	i must be equal to or exceed top allowetc.) Choke Size Gas-MCF Gravity of Condensate Choke Size
OIL WELL Date First New Oil F No Change Length of Test Actual Prod. During GAS WELL Actual Prod. Test-M	Test MCF/D ot, back pr.)	Tub Oil Len	e of Test bing Pressure -Bbls.	(Test must be	e after recovery depth or be for Producing Casing Pr Water-Bb	of total volume full 24 hours) Method (Flow, essure s.	pump, gas lift,	i must be equal to or exceed top allowetc.) Choke Size Gas-MCF Gravity of Condensate

VI.

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

District Prod.

& Drlg. Supt

(Title)

(Date)

This form is to be filed in compliance with AULE 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

RECEIVED

MAR 1 4 1979
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