NO. OF COPIES REC	EIVED	1	
DISTRIBUTE	ON		
SANTA FE			1
FILE			1
u.s.g.s.			†
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	i	
OPERATOR			
PRORATION OFFICE			

(Title)

(Date)

-110

	DISTRIBUTION SANTA FE FILE	NEW MEXICO OF	IL CONSERVATION COMM	Form C-104 Supersedes Old C-104 and C- Elfective 1-1-65							
	U.S.G.S.	AUTHORIZATION TO	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	TRANSPORTER OIL GAS										
1.	OPERATOR PRORATION OFFICE										
	CLINTON OIL CO	MPANY - OF RATING DIVISI	ON								
	7.44.755		ON								
	Reason(s) for filing (Check proper)		Other (Please	explain)							
	Recompletion	Change in Transporter of: Oil Dry	Gas								
	Change in Ownership X		ndensate								
	If change of ownership give name and address of previous owner	Pan American Petroleu	um Corporation , B	ox 68, Hobbs.	New Mexico						
II. i	DESCRIPTION OF WELL AN	D LEASE									
	Plains Unit	Well No. Pool Name, Including Lusk Strawn		Kind of Lease State, Federal or Fee	NML ease No.						
	Unit Letter M	710 Feet From The South			Federal 0175771						
	14	Fownship 19-S Range		Feet From The We							
II. I	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL (Lea	County						
	Name of Authorized . ransporter of C	or Condensate	Address (Give address to	which approved copy o	f this form is to be sent)						
ŀ	Texas-New Mexico Pipe Name of Authorized Transporter of C	asinghead Gas 🗶 or Dry Gas 🦳	Box 1510, Midla Address (Give address to	and Texas	f this form is to be cent.						
-	Phillips Petroleum Co	Orp. Unit Sec. Twp. Rge.	Box 658, Hobbs. Is gas actually connected	New Mexico							
Ľ	give location of tanks.	E 28 19-S 32-I	Yes Yes	3-1	3-64						
Ιέ 2. <u>C</u>	this production is commingled w	with that from any other lease or pool	l, give commingling order r	umber:							
	Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workover	Deepen Plug Bac	ck Same Resty. Diff. Resty.						
Ī	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
E	Clevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing D	Pepth						
Perforations			Depth Co	sing Shoe							
-		TURING CASING IN	D CENESTING								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT						
-					OACKS CEMENT						
 . Ti	EST DATA AND REQUEST F	OP ALLOWARTE OF									
_(0)	IL WELL ate First New Cil Run To Tanks	able for this d	- per or or just 24 hours		equal to or exceed top allow-						
L		Date of Test	Producing Method (Flow, p.	ump, gas lift, etc.)							
L	ength of Test	Tubing Pressure	Casing Pressure	Choke Siz	•						
A	ctual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas - MCF							
~	AC HIPS -										
	AS WELL ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF								
Te	esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Condensate						
L			Casing Pressure (Shut-in) Choke Size							
CE	RTIFICATE OF COMPLIANO	CE .	OIL CON	SERVATION CO	MMISSION						
I he	ereby certify that the rules and re	egulations of the Oil Conservation	APPROVED	UL 8 1976							
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			TITLE SUPERVISOR DISTRIC This form is to be filed in compliance with RULE 1104.								
						М.	L. Alsenbry (Signal	(ure)	If this is a request well, this form must be	for allowable for a naccompanied by a ta	ewly drilled or deepened
						Pr	od. Clerk		tests taken on the well	in accordance with	RULE 111.

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

RECEIVED

JUL7 1970 OIL CONSERVATION COMM. HOBBS, N. I.I.