	G.S.		SE CONSERVATION COMMISS	Supersedes Old C-104 and (		
	D OFFICE I RANSPORTER OIL GAS OPERATOR I. PRORATION OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NA	TURAL GAS		
	Cperator Llano, Inc.					
	Address					
	Reason(s) for filing (Check prope New Well		0 88240 Other (Please exp	lain)		
	Recompletion Change in Ownership		ry Gas			
	If change of ownership give nat and address of previous owner	The second se		: 12-1-73		
I	I. DESCRIPTION OF WELL A		July 1. 0. DOX 5986,	Udessa, Texas 79760		
	Lease Name Southern California	Well No. Pool Name, Includi		of Lease Lease No.		
	Location		n State	e, Federal or Fee Federal LC 0635		
	Unit Letter I ;		Line and 1650 Fe	et From The South		
	Line of Section 29	_	32 East , NMPM,	Lea County		
111	Name of Authorized Transporter of	ORTER OF OIL AND NATURAL	GA5			
	The Permian Corporat	ion	Address (Give address to white PO Box 3110 Mi	ch approved copy of this form is to be sent)		
	Name of Authorized Transporter of Phillips Datasia		P.O. Box 3119, Mi Address (Give address to which	aland, Texas 79701 th approved copy of this form is to be sent)		
	Phillips Petroleum C If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Phillips Building. Is gas actually connected?	Odessa, Texas 79760		
	give location of tanks.	F 29 19-8 32-	E Vog	When		
IV.	If this production is commingled COMPLETION DATA	with that from any other lease or por	ol, give commingling order numb	At completion		
	Designate Type of Comple	tion - (X)	New Well Workover Dea	pen Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation		P.B.T.D.		
	Perforations		Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	HOLE SIZE	TUBING, CASING, A	ND CEMENTING RECORD			
		CHERICE TOBING SIZE	DEPTH SET	SACKS CEMENT		
ĺ						
V.	TEST DATA AND REQUEST 1 OIL WELL	FOR ALLOWABLE (Test must be	after recovery of total volume of low	Id all and much he are the		
Ī	IEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)         Date First New Oil Run To Tanks       Date of Test         Froducing Method (Flow, pump, gas lift, etc.)					
ŀ	Length of Test	Tubing Pressure	Casing Pressure			
╞	Actual Prod, During Teat	Cil-Bbls.		Choke Size		
L			Water - Bbls.	Gas-MCF		
(	GAS WELL	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF			
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Gravity of Condensate		
L			Casing Pressure (Shut-in)	Choke Size		
VI. C	ERTIFICATE OF COMPLIAN	CE	OIL CONSER	RVATION COMMISSION		
		regulations of the Oil Conservation with and that the information given	APPROVED	<u>EC 1 0 1973</u> , 19		
at	oove is true and complete to the	best of my knowledge and belief.	8Y	VIII. Signed by		
	$(r)$ $\rho$ $r$		TITLE	Joe D. Remer Line I. Supp		
_	Atrial of T-	Harly	This form is to be filed	in compliance with RULE 1104.		
_	(Signa		If this is a request for a well, this form must be access	llowable for a newly drilled or deepened		
. —	Vice President-Planni (Tit		topto taken on the west 10 .	cordence with AULE 111.		
	December 7		and recompleted			
	(Dat	e)	Fill out only. Sections I well name or number, or trans	. II, III, and VI for changes of owner, porter, or other such change of condition.		
		11				

.

NO. OF COPIES RECEIVED		<b>*</b> 4				
DISTRIBUTION			Form C-104			
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11			
FILE		AND	Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS			
TRANSPORTER OIL GAS						
OPERATOR PRORATION OFFICE						
Operator	Compony					
El Paso Products						
P. O. Box 3986, O						
Reason(s) for filing (Check proper )	box) Change in Transporter of:	Other (Please explain)				
Change in OwnershipX						
If change of ownership give name and address of previous owner	<ul> <li>Trebol Drilling Comp</li> </ul>	pany, P. O. Box 3986, Odes	ssa, Texas 79760			
. DESCRIPTION OF WELL AN						
Lease Name	Well No. Pool Name, Including 1		Lease No.			
Southern California F	ed. 4 Lusk - Stra	awn Statt, Federal				
-	990 Feet From The East Li	ine and 1650 Feet From Th	South			
Line of Section 29	Township 19-S Range	32-Е , ммрм, І	Lea County			
	RTER OF OIL AND NATURAL G		,			
Name of Authorized Transporter of		Address (Give address to which approve				
The Permian Corpo: Name of Authorized Transporter of		Box 3119, Midland, Tex Address (Gi: e address to which approve				
Phillips Petroleur		Phillips Bldg., Odessa				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 29 19S 32E	Is gas actually connected? When Yes				
	with that from any other lease or pool,					
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v			
Date Spudded	Dete Compl. Ready to Frad.	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			
	TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			· · · · · · · · · · · · · · · · · · ·			
TEST DATA AND REQUEST OIL WELL	able for this de	ifter recovery of total volume of load oil an epth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oli-Bbie.	Water - Bbls.	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-is)	Choke Size			
			·			
CERTIFICATE OF COMPLIA		OIL CONSERVAT	ION COMMISSION			
	regulations of the Oil Conservation	APPROVED, 19				
	with and that the information given he best of my knowledge and belief.	DY TO TEAMEN				
		TITLE				
	~					
Arrace L.	Conger	If this is a request for allowab	le for a newly drilled or deepened			
(34	neture)	well, this form must be accompanie tests taken on the well in accordant	d by a tabulation of the deviation			
	- Production Foreman	All sections of this form must	be filled out completely for allow-			
_ •	ry 1, 1971	able on new and recompleted wells Fill out only Sections I. II. I	II, and VI for changes of owner,			
	less)	well name or number, or transporter,	or other such change of condition.			

well name or number, or transporten or other such change of condition. Separate Ferms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED						
DISTRIBUTION		CONSERVATION COMMISSION	a Form C-104			
SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-1			
F.LE		AND	Effective 1-1-65			
	AUTHORIZATION TO TF	ANSPORT OIL AND NATURAL	. (a) as			
AND OFFICE		100 c 1 1				
BANSPORTER GAS						
CPERATOR	:		-			
RORATION OFFICE						
mrohol Drilling	20mn-2011					
÷	Trebol Drilling Company					
Odessa, Texas 79	760					
on(4) for filing (Check proper o		Other (Please explain)				
Well 🛄	Change in Transporter of:					
mp.etion	Oil Dry .	1				
.m.je in Ownership X	Casinghead Gas Corea	neate				
t thangs of ownership give name						
a 1 address of previous owner	Southern New Mexico	Cil Corporation				
	P. O. Box 1659, Midl	and, Texas				
SCRIPTION OF WELL ANI		are, Including Pormation	Kind of Logra			
Southern Califor	11 <b>1</b> .a		Kind of Lease XXXX Federal or XXX			
Location		usk Strawn	THE TOTAL			
Unit Letter I ; 9	90 Feet From The East Li	so and 1650 Foot Foot	m The South			
Chire Setter /		Feet Fro.				
Line of Section 29 , 7	Township 195 Range	32E , NMPM, Le	a County			
			· · · · · · · · · · · · · · · · · · ·			
	RTER OF OIL AND NATURAL GA					
Name of Authorized Transporter of (			roved copy of this form is to be sent)			
The Permian Corport Name of Authorized Transporter of C		P. O. Box 3119, M	idland, Texas			
			roved copy of this form is to be sent)			
Phillips Petrole	Unit Sec. Twp. Rge.	Phillips Building Is gas actually connected?	, Odessa, Texas 79760			
I: well produces oil or liquids, (1999 location of tanks, LAC)						
LAC			At completion			
COMPLETION DATA	with that from any other lease or pool,	give commingling order number:				
Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'			
	/	1				
Clute Sphidded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Fool	Name of Deckerton The other					
- 901	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
i orforations			Depth Casing Shoe			
	TUBING CASING AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQUEST		fer recovery of total volume of load o	il and must be equal to or exceed top allow			
DIL WELL		epth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
and the second			CHURC DIZE			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
-						
	,		<u> </u>			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
		•				
Testing Method (pitot, back pr.)	Tubing Pressure	Cas:ng Pressure	Choke Size			
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION			
	4		ATTON COMMISSION 5			
hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED	, 19			
	with and that the information given he best of my knowledge and belief.	BY JAPY	Kanes			
		7				

(Signature) Drilling and Production Superintendent

(Title)

(Date)

August 26, 1966

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