NO. DF COPIES RECE	IVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INANSFORTER	GAS		
OPERATOR			
PRORATION OF	ICE		

	DISTRIBUTION SANTA FE FILE	1	CONSERVATION COMMIS1 FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	SAS
	TRANSPORTER GAS OPERATOR			
1.	PRORATION OFFICE Operator			
	J. C	. BARNES CIL CO.	- <u> </u>	
	Address P.O.	BOX - 505, MIDLAND, TEX	#S 7970 1	
	Reason(s) for filing (Check proper box,)	Lines Please explain GAS	MUST NOT BE
	New Well Recompletion	Change in Transporter of: Oil Dry Go	FLARED AFTER	
	Change in Ownership	Casinghead Gas Conde	IS ORTAINED	P110N 10 R-4070
	If change of ownership give name	TIBO WELL AND THE		
	and address of previous owner	THIS WELL HAS BEEN PLY DESIGNATED BELOW. IF Y	ACED IN THE POOL OU DO NOT CONCUR	
II.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F		i = 1
	LEA_MEX-	2 VACUUM N.W.	_	OTHER , III WINE
	Unit Letter J ; 21	30 Feet From The <u>EAST</u> Lir	ne and 1980 Feet From	The SOUTH
	Line of Section 5 Tov	wnship 17-S Range	34-E , NMPM, L	EA County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ued conv of this form is to be sent!
	Name of Authorized Transporter of Oil		P.O. BOX - 1713, MIDL	
	ADMIRAL CRUDE PURC Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)
	NON	VE YE'T Unit Sec. Twp. Age.	Is gas actually connected? Who	er.
	If well produces oil or liquids, give location of tanks.	J 5 17-S 34-E	NO	
IV.	If this production is commingled wire COMPLETION DATA	th that from any other lease or pool,		NO
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	5-26-71 Elevations (DF, RKB, RT, GR, etc.)	7-9-71 Name of Producing Formation	11,050' Top Oil/Gas Pay	Tubing Depth
	4097.9	WOLFC AMP	XXXXX 10,757°	10,684 P
	Perforations	855', 10,855-859' & 10,8	971	10,664
	10, 151, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	350°	SACKS CEMENT CT: CULATED
	17 1/4 [#]	13 3/8" 9 5/8"		500 SXS
	7 7/8#	5 1/2n 2 3/8n N-80	11,065	21:0 SXS
	7 7/8 n T X X	2 3/8" N-80	10,684	PACKER
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	epith of be joi just 24 hours,	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
	7-9-71 Length of Test	7-10-71 Tubing Pressure	FLOW Casing Pressure	Choke Size
	2lı HRS.	225#	PACKER	16/64"
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF 617
		31,1		V-1
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test		
	Testing Method (pisos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION POMMISSION
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19
	Camping have been complied to	with and that the information given e best of my knowledge and belief.		DISTRICT
			TITLE SUPLATIVIOUS	
			This form is to be filed in	compliance with RULE 1104.

(X/ Caylinfond
(Signature)
PRODUCTION ACCIT. (Title)
(Title)

In it 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 only Sections I. II. III, and VI 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

MS.

I DIST

RECEIVED

JUL 10 1971

OIL CONSERVATION COMM. HOBBS, R. M.