SANTA FE	REQUEST	FOR ALLOWABLE	Supersede Effective	es Old C-104 and C-110	
U.S.G.S.	AUTH ZATION TO TR	AND ANSPORT OIL AND N			
TRANSPORTER OIL					
GAS	_				
PRORATION OFFICE					
Operator		······································			
Address					
Reason(s) for filing (Check proper b	s Bank Building, Tyler, T. **/	X 75702 Other (Please)	explain)	NOT BE	
New We!!	Change in Transporter of:		11/1/17 11/17/17/17/17/17/17/17/17/17/17/17/17/1		
Recompletion				TG R-4979	
Change in Ownership	Casinghead Gas Conde		OBTAELED.		
If change of ownership give name and address of previous owner	Horin This offici	A 16 YOU LIVE MOT COMO	$\int \frac{1}{\sqrt{2}} \frac{1}{$		
DESCRIPTION OF WELL ANI	Vell No.; Pool Name, Including F		K-5079 Kind of Lease Federal	Lease No.	
Leose Name Federal "E"	2 Undesignated		State, Federal or Fee	VM 4609	
Unit Letter F 23	10 Feet From The North Lir	ne and 1980	Feel From The West		
	ownship 18-S Range	32-Е , ммрм,	Lea	County	
DESIGNATION OF TRANSPOR	NTER OF OIL AND NATURAL GA	NS Address (Give address to	which approved copy of this form	n is to be sent)	
Navajo Crude Oil Pu Nome of Authorized Transporter of C N/A	rchasing Company osinghead Gas or Dry Gas .	501 East Main, Address (Give address to	Artesia, New Mexico which approved copy of this form	88210 1 is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. F 27 18-S 32-E	ls gas actually connected	17 When ,		
If this production is commingled v COMPLETION DATA	with that from any other lease or pool,				
Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workover	Deepen 'Plug Back 'Same I I I I I I	Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	XX Total Depth	P.B.T.D.		
9-19-77	10-12-77	4200'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
3737 GR	Queen	3910	Depth Casing Sho	•	
3910, 3911, 39	12, 3913, 3919, 3920, 392 44, 4040 and 4041 TUBING, CASING, AND	1, 3922, 3931, 39			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		CEMENT	
11"	8-5/8"	1151'	<u> </u>	<u>ite 200- Cl d</u>	
7-7/8"	5-1/2"	4220		ite 200 Cl C	
TEST DATA AND REQUEST I			i e of load oil and must be equal to	or exceed top allow-	
OIL WELL Date First New Oil Bun To Tanks	able for this de	pih or be for full 24 hours) Preducing Nethod (Flow,	pump, gas lift, etc.)]	
10-12-77	10-25-77	Pun			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
8 hrs.	Oil-Bbls.	Water-Bbls.	Gas-MCF		
Actual Prod. During Test	8	0	16		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Ebla. Condenacte/MMCF	Grevity of Conden	.eate	
Tealing Maihed (pilot, back pr.)	Tubing Piessure (Shat-in)	Cosing Freesure (Shut-	in) Chore Size		
CERTIFICATE OF COMPLIAN	iCE	OIL CO	ONSERVATION COMMIS		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		19	
Commission have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.		BY	BY filing clefter		
-		TITLE	terre for a second	·	
ρ ρ ρ		This form is to be filed in compliance with RULE 1104.			
Mailino Lata.			to the account for allowable for a newly drilled or deepened		
Maiforie 53		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Froduction Cl	erk	All sections of t	his form must be filled out co	mpletely for allow-	
(Title)		able on new and recompleted wells.			
November 10, 1977		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.			
1.		Separate Forma completed wella.	C-104 must be filed for eac	ch pool in multiply	
		if completed wellst	• • • • • • • •		
	· · · · · · · · · · · · · · · · · · ·	-			