1.	NO. OF COPICS RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL I RANSPORTER OIL GAS OPERATOR PROFATION OFFICE Operator Energy Reserves Gr Address P. O. Box 2437, Mi Reason(s) for filing (Check proper box New Well Recompletion	AUTHORIZATION TO TRA AUTHORIZATION TO TRA coup, Inc. dland, Tx 79702 Change in Transporter of: Cil Dry Gas	Other (Please #zplay	Supervedes Old C-104 and C-110 Effective 1-1-65
	Change in Ownership	Casinghead Gas Conden		
•	er de rekende ter de rold an († 1900). Gomenne in de service de s			
11.	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including Fo	ormation Kind o	Lease Lease No.
	Gulf State	3 Buckeye Abo	· State,	Federal or Fee State L-786
	Location			
	Unit Letter E ; 19	80 Feet From The North Line	• and660 Feet	From The West
		wnship 185 Bange 3	5Е , ммрм,	Lea County
	Line of Section 9 Tov	wnship 185 Range 3		
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
<i>,</i> <b>, , , , , , , , , ,</b>	Name of Authorized Transporter of Oil	or Condensate	Address (Gibe address to which	approved copy of this form is to be sent)
	Texas-New Mexico P	ipeline Company	P. O. Box 2528, Ho	bbs, NM 88240 approved copy of this form is to be sent;
•	Nome of Authorized Transporter of Cat	inghead Gas 📋 or Dry Gas 🔤	Address (inter address to bitter	
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When
	If well produces cil or liquids, give location of tanks.	A 9 18S 35E	No	
		1	give commingling order numbe	er:
IV	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		Diff. De de la
		Cil Well Gas Well	New Well Workover Deer	pen plug Buck Same Nes C. Sint Hou -
	Designate Type of Completic		Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod. 3/4/80	9200'	9151'
	12/17/79	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Elevations (DF, RAB, RT, GR, etc.) 3944.5' GR	Abo Detrital	8912	9057'
	Perforations			Depth Casing Shoe
	8912-22' & 8952-80	j i		9192'
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	<u>рертн set</u> 352 '	300
	17 1/2"	<u>13 3/8''</u> 8 5/8''	3606'	1060
	7 7/8"	4 1/2"	9192'	920
			· · · · · · · · · · · · · · · · · · ·	
v	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)			
γ.	OIL WELL		pih or be for full 24 hours) Producing Method (Flow, pump,	
	Date First New Cil Run To Tanks	Date of Test	Flow	
	3/1/80	3/4/80	Casing Pressure	Choke Size
	Length of Test 24 Hrs.	175	725 PSI	10/64
	Actual Pred. During Test	C11-BE:	Water-Bbls.	Gas-MCF
	857	212	170 BLW	165
	·			
	GAS WELL Actual Prod. Tool-MCF/D	Longth of Teet	Bbls. Condensate/MMCF	Grevity of Condensate
	Actual Pros • • • • • • • • • •			
	Teoling Notrod (pitol, back pr.)	Tubing Pressue (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSI	ERVATION COMMISSION
	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.		APPROVED	19
				12/1/22
			BY	
			TITLE	
	1 PD PF		This form is to be filed in compliance with RULE 1104.	
	Jack (Signature) District Clerk (Title)		If this is a request for sllowable for a newly drilled of depicted 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 sllow- able on new and recompleted wells.	
·	3/12/80	n(e)	Fill out only Sections I. II. iii, and Vi of change of condition- well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	
	1		Separate Forma C-10 completed wells.	A BURE DA FERAL OF FACE PLANES

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