(Date)

ERGY AND METERALS DEPARTMENT

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LAND OFFICE		l		i
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PRANSPURTER	GAS		l	l

JIL CONSERVATION DIVISIC P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

DPFRATION DFF CE	AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS		
REX ALCORN			,	
	'a Kantucky Poswell Ne	w Mexico 88201		
Reason(s) for trimg (Check proper box)	So. Kentucky, Roswell, Ne	Other (Please explain)		
New Well	Change in Transporter of:	. Connection for C	asinghead Gas	
Recompletion Change in Ownership	Casinghead Gas Conden	芦 1		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND I	EASE. Well No. Pool Name, Including Fo	ormation Kind of Leas		
Leose Name Bobbi		nction- San And Stole, Feder	olor Fee State L-2948	
Location	south	• and 1980 Feet From	The East	
Unit Letter 0 : 33	O Feet From The South Lin	• and 1900 Feet From	_ •	
Line of Section 20 Tow	nahip 18 South Range 30	6 East , NMPM,	LEA County	
DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	is	- (abi- form is to be sent)	
Name of Authorized Transporter of Cit	The Connection of	AS Address (Give address to which approved copy of this form is to be sent) PO Box 2338, Wichita, Kansas 67201		
Koch Oil Compa	INY Inghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent,		
Warren Petroleum	1 Company	PO Box 1589, Tulsa, Oklahoma 74102 Is gas octually connected? When		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 20 18S 36E	Yes	July 22, 1980	
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Hesty, Diff. Rest	
Designate Type of Completio		Total Depth	P.B.T.D.	
Date Spudges	Date Compl. Ready to Prod.	, ord. Dept.		
Elevations (SF. EKB, RT, GR, etc.)	Yame of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations		D CEVENTING RECORD		
- 0. F 617 F	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
HOLE SIZE				
		l l l l l l l l l l l l l l l l l l l	ill and must be equal to or exceed top ail	
Y. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	lepth or be for full 24 hours.		
OIL WELL Date First New 2rd Bun To Tunks	Date of Test	Producing Method (Flow, pump, gas	nji, etc./	
Length of Test	Tubing Pressure	Casing Pressure	Chore Size	
		Wate: - Bbls.	Gas-MCF	
Actual Proz. During Test	OII-Bbla.			
GAS WELL Actual Press, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	(-) (-)	Cosing Pressure (Shut-in)	Choke Size	
Testing Method puor, back pr.)	Tubing freesume (Shut-in)			
I. CERTIFICATE OF COMPLIAN	CE.	DIL CONSERV	ATION DIVISION	
		APPROVED	<u>0 1980</u>	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYOrig. Signed by Les Clements TITLEOil & Gas Insp.		
Color ()	Clearn	This form is to be interested for a newly drilled or deepe If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia well, this form must be accompanied by a tabulation of the devia teste taken on the well in accordance with AULE 111.		
	natwe)	tests taken on the wall in a	must be filled out completely for all	
Operator (7(t/e)		while on new and recompleted water		
July 26, 1980		Fill out only Sections I, II, III, and VI to thange of conditional name or number, or transporter, or other such change of conditional name or number. C-104 must be filed for each pool in mult		

Separate Forms C-104 must be filed for each pool in multipermulated wells.