DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE		CONSERVATION COMMISSIO	Supersedes Old C-10d and C-11 Effective 1-1-55
LAND OFFICE		·	
			DAL DAR
Clu		OR OVER UIL AND NATU	IRAL GAS
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator	D N Mars on To		
Address	B. N. Muncy Jr.		
Vew Well	Change in Tronsporter of:	Omer (riease expla	inj
Recompletion	Oll Stry Co	15	
Change in Ownership X	Casinghead Gos Contra	rester in the second	
	Anadarko Production Con	mpany Houston, Texa	86
ESCRIPTION OF WELL AN			
			of Lease Lease No.
Tr. 4	<u> </u>	State,	Federa or Fee Federal LC063345
	600 Feet From The North	5 500 Fee	
Line of Section 4	Township 18S Farge 3	2E , NMPM,	Lea County
ESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	15	
Texas New Mexico Pip lare of Authorized Transporter of	eline Company Dasinghead Gae ot Uty Bas	houston	h approved copy of this form is to be sent)
f well produces on or stands, uve location of tanks.	1 -		
this production is commingled			ier:
OMPLETION DATA	Cir Well Gits Nell	New Well Workover Der	epen Plug Fack Same Besty, Diff. Besty
Designate Type of Comple	tion $= (X)$		pen i rag cack come nes n. En., nes a
Date Spuddød	Date Compl. Reacy to work.	Total Depth	2.3. ⁻¹ N
levations (DF_RKE_RT_CE_sta	Name of Broqueing Parmenas	Ter Clinge Day	There Dep h
	,		
Perforations			Depth Casing Shoe
	TUBING, CASING, ANI	CEMENTING RECORD	
HOLE SIZE	CASING & TURING SIZE	DEPTH SET	SACKS CEMENT
			······································
		· · · · · · · · · · · · · · · · · · ·	
TOT DATA AND BEOLEST		<u>.</u>	
IL WELL	able for tals ar	inth m be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)
ength of Test	Tubing Pressure	Cosing Pressure	Choke Size
etual Reed Durting Test	OP-Bha		Gas-MCF
Actual Prod. Test-MCF/D	Longth of Test	Bots Condensate/MMCF	Grevity of Consensate
	Tubles Descured (thub do)	Carlos Deserve (Chut-in)	Choke Size
Batting Marked (prior, ouch priy			
ERTIFICATE OF COMPLIA	NCE	OIL CONS	ERVATION COMMISSION
		APPROVED	
Commission have been complied with and that the information given			by
oove is true and complete to	the best of my knowledge and bedet.	(Q D) Clancy	
12 Chi manne	J .	ii If this is a request fo	led in compliance with RULE 1104, or allowable for a newly drilled or deepened
/(Si	mature)	well this form must be at	ccompanied by a tabulation of the deviation accordance with QULE 111.
Operator	Title)	All sections of this f	orm must be filled out completely for allow
January 1, 1973		able on new and recomple Fill out only Section	na I. II. III. and VI for changes of owner,
	(Date)	well name or number, or tr	ansporter, or other such change of condition. 04 must be filed for each pool in multiply
	Heason(s) for filing (Check proper list New Well Recompletion. Change of ownership give name Ind address of previous owner ESCRIPTION OF WELL AN FEATST11 Queen Sand Tr. 4 .occution Unit Letter D Line of Section 4 ESIGN ATION OF TRANSPO Game of Authorized Transporter of Idention of tarks. this produces cillon is commingled OMPLETION DATA Designate Type of Comple Date Spudded Hevations (DF, RKB, RT, GF, etc.) Perforations HOLE SIZE HOLE SIZE AS WELL Netual Prod. During Test AS WELL Vicual Prod. Test-MCF/O Testing Method (pitot, back pr.) FRTIFICATE OF COMPLIA hereby certify that the rules an complete to Cover is true and complete to	I. P. O. Box 196 Artesia, Kew Mexico 88210 Resson(s) for filing (Check proper box) iew Weil Chamge in Transporter of Cill Change in Ownership (Check proper box) iew Weil Chamge in Transporter of Cill Change in Ownership (Check proper box) change of Ownership (Check proper box) Unit Letter (D) Change of Artificity (Check proper box) Cast of Althorized Transporter of Cill (Check proper box) Cast of Althorized Transporter of Cill (Check proper box) Cast of Althorized Transporter of Completion (Check proper box) Cast of Althorized Transporter of Completion (Check proper box) Cast of Althorized Transporter of Completion (Check proper box) Cast of Althorized Transporter of Completion (Check proper box) Cast of Althorized Transporter of Cill (Check proper box) Cast of Althorized Transporter of Cill (Check proper box) C	I. O., Dox 196 Artesia, Tew Mexico 88210 research for the provement bar, increase of the well in Transported of the well in Transport of the termination of the termination of the well in Transport of the termination have been completed of the termination of the termination have been completed of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the been of the termination have been completed to the terminat