NO. OF COPIES RECEIVED				• •	
				A Section Control	
DISTRIBUTION	NE'	W MEXICO	OIL CO	SERVATION COMMISS, 3N	110B Form C-104
SANTA FE				OR ALLOWABLE	Supensedes Old C-104 and
FILE				AND	Effective L-F-65. C. C.
U.S.G.S.	AUTHORIZ	ATION TO	TRAN	SPORT OIL AND NATURA	AL GXS 21 9 52 411 66
LAND OFFICE					52 AH 3CC
J.D.AMSBORTER OIL					op
TRANSPORTER GAS					
OPERATOR	1				
PRORATION OFFICE					
Operator	<u> </u>				
DOB Oil Properties, I	Inc.				
Address					
Box 953, Midland, Tex	72C				
Reason(s) for filing (Check proper box))			Other (Please explain)	
New Well	Change in Tran	nsporter of:			
Recompletion	Oil	x	Dry Gas		
Change in Ownership	Casinghead Ga	rs	Condens	ate	
f change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND I	LEASE Lease No.	Well No. F	Pool Name	e, Including Formation	Kind of Lease
Gulf State		1	Vac	num	State, Federal or Fee State
Location Location					
Unit Latter E . 19	980 Feet From Th	, N	Line	and 660 Feet I	From The W
Unit Letter ;	r ect i tom i ii				
Line of Section 21 Tov	wnship 17S	Ran	ige 3 1	E , NMPM,	Lea Cou
Ente of Section					
DESIGNATION OF TRANSPORT	TER OF OIL AN	D NATURA	AL GAS	Address (Give address to which	approved copy of this form is to be sent)
			Ì		
Texas-New Mexico Pipe	e Line Co.	or Dry Gas	==	Box 1510, Midlar	d. Texas approved copy of this form is to be sent)
	singhead Gas 🔼	or Dry Gas			
Phillips Pet. Co.				10th Floor, Adams i	Bldg., Bartlesville, Okla
If well produces oil or liquids,	Unit Sec.			Is gas actually connected?	Wilein
cive location of tanks.	E 21	17S	34E	Yes	
If this production is commingled wi	th that from any of	her lease or	r pool, g	ive commingling order number	:
COMPLETION DATA					
Designate Type of Completic	Oil We	ell 'Gas	Well	New Well Workover Deep	en Plug Buck Suite Nes V. Bill.
Designate Type of Completion	on - (A)	1	<u> </u>	<u> </u>	
Date Spudded	Date Compl. Ready	y to Prod.		Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	g Formation		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	g Formation			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	g Formation			Tubing Depth Depth Casing Shoe
	Name of Producing	y Formation			
			IG. AND	Top Oil/Gas Pay	
Perforations	TUBI	ING, CASIN			
		ING, CASIN		Top Oil/Gas Pay CEMENTING RECORD	Depth Casing Shoe
Perforations	TUBI	ING, CASIN		Top Oil/Gas Pay CEMENTING RECORD	Depth Casing Shoe
Perforations	TUBI	ING, CASIN		Top Oil/Gas Pay CEMENTING RECORD	Depth Casing Shoe
Perforations	TUBI	ING, CASIN		Top Oil/Gas Pay CEMENTING RECORD	Depth Casing Shoe
Perforations HOLE SIZE	TUBI CASING &	ING, CASIN	ZE	Top Oil/Gas Pay CEMENTING RECORD DEPTH SET	Depth Casing Shoe SACKS CEMENT
HOLE SIZE TEST DATA AND REQUEST F	TUBI CASING &	ING, CASIN TUBING SI	ZE	Top Oil/Gas Pay CEMENTING RECORD DEPTH SET	Depth Casing Shoe
HOLE SIZE HOLE SIZE TEST DATA AND REQUEST FOIL WELL	CASING &	ING, CASIN TUBING SI	ZE	CEMENTING RECORD DEPTH SET der recovery of total volume of locath or be for full 24 hours)	Depth Casing Shoe SACKS CEMENT ad oil and must be equal to or exceed top
Perforations HOLE SIZE TEST DATA AND REQUEST F	TUBI CASING &	ING, CASIN TUBING SI	ZE	Top Oil/Gas Pay CEMENTING RECORD DEPTH SET	Depth Casing Shoe SACKS CEMENT ad oil and must be equal to or exceed top
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HOLE SIZE HOLE SIZE TEST DATA AND REQUEST FOIL, WELL. Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	TUBI CASING & TOR ALLOWABLE Date of Test Tubing Pressure	ING, CASIN TUBING SI	ZE	CEMENTING RECORD DEPTH SET The recovery of total volume of loth or be for full 24 hours) Producing Method (Flow, pump, Casing Pressure	Depth Casing Shoe SACKS CEMENT and oil and must be equal to or exceed top gas lift, etc.) Choke Size
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HOLE SIZE TEST DATA AND REQUEST FOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	TUBI CASING & TOR ALLOWABLE Date of Test Tubing Pressure Oil-Bbls. Length of Test	ING, CASIN TUBING SI: E (Test m able fo	ZE	CEMENTING RECORD DEPTH SET The recovery of total volume of lotth or be for full 24 hours) Producing Method (Flow, pump, Casing Pressure Water-Bbls. Bbls. Condensate/MMCF	Depth Casing Shoe SACKS CEMENT and oil and must be equal to or exceed top gas lift, etc.) Choke Size Gas-MCF Gravity of Condensate
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Agent

January 20, 1966

(Title)

(Date)

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.

This form is to be filed in compliance with RULE 1104.

If this 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.

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