HO. OF COPIES REC	EIVED	
DISTRIBUTIO	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	
Operator		

(Date)

	DISTRIBUTION	- 1	NEW MENT OF THE				
	SANTA FE			CONSERVATION COMMISSION		Form C-104	
	FILE	NEWOEST FOR ALLOWABLE			Supersedes Old C-104 and C-1 Effective 1-1-65		
	U.S.G.S.	$\neg \vdash$	AUTHORIZATION TO TR	AND			
	LAND OFFICE		AUTHORIZATION TO TR	RANSPORT OIL AND NATUR	AL GAS		<u> </u>
	OIL		-				
	TRANSPORTER GAS		1				
	OPERATOR						
1.	PRORATION OFFICE						
••	Operator						· · · · · · · · · · · · · · · · · · ·
	Gato Corporat	ion					
	Address						
	P. O. Box 170	3. 1	Midland, Texas				
	Reason(s) for filing (Check pro	per box)	Other (Please explain,	,		
	New Well		Change in Transporter of:	, , , , , , , , , , , , , , , , , , , ,			
	Recompletion		Oil Dry G	ias 🗍			
	Change in Ownership X		Casinghead Gas Conde	ensate			
	<u> </u>	···					
	If change of ownership give t	name	Amonada Hasa Camanada				
	and address of previous owner	er	Amerada Hess Corporation	n			
Ħ	DESCRIPTION OF WELL	AND	LEASE			1	
	Lease Name	AND	Well No. Pool Name, Including I	Formation Kind of	Legae		James No.
	Amerada - State			1	T		Lease No.
	Location		Vacuum (Grayb	ourg - San And) State, F		State 1	B- 1040
		1000	C most 1	440			
	Unit Letter L;	1980	Feet From The South Li	ne and <u>660</u> Feet F	rom The	West	
	14	_	. 17.0 .1 - 0				
	Line of Section 22	Tov	mship 17-South Range 3	5-East , NMPM,		Lea	County
***	DESIGNATION OF TRANS	mana				•	•
HEL.	Name of Authorized Transporter		TER OF OIL AND NATURAL GA	AS Address (Give address to which a		-(-1/- ()	
				†			e sent)
	Texas - New Mexic	o Pir	e Line Co.	P. O. Box 1510, Midland, Texas Address (Give address to which approved copy of this form is to be sent)			
Texas - New Mexico Pipe Line Co. Name of Authorized Transporter of Casinghead Gas X			-	Address (Give address to which o	ipproved copy	of this form is to b	e sent)
	Phillips Petroleur	m Con		Odessa, Texas			
	If well produces oil or liquids,		Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tanks.		L 22 17-S 35-	E Yes	Unknow	n	
	If this production is comming	led wit	h that from any other lease or pool,	give commingling order numbers			
IV.	COMPLETION DATA						
	Designate Type of Com	pletio	n - (X)	New Well Workover Deeper	n Plug Bo	ack Same Res'v.	Diff. Res'v.
	· ·					1	i
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.I	D.	
1							
	Elevations (DF, RKB, RT, GR,	etc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth	
ļ							
- 1	Perforations			Depth		Depth Casing Shoe	
L							
L			TUBING, CASING, AND	D CEMENTING RECORD			
L	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET		SACKS CEMEN	IT.
L							7/2007
[
[.							
							
V.	TEST DATA AND REQUE	ST FO	RALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must i	he equal to or over	ad top allow
	OIL WELL			pth or be for full 24 hours)			ied top attou-
	Date First New Oil Run To Tank	k s	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)	· · · · · · · · · · · · · · · · · · ·	
		1					
	Length of Test	*	Tubing Pressure	Casing Pressure	Choke S	ilze	· · · · · · · · · · · · · · · · · · ·
	•						
ľ	Actual Prod. During Test		Oil-Bbis.	Water - Bbls.	Gas-MC	CF .	
		1					
'-	· · · · · · · · · · · · · · · · · · ·						
(GAS WELL						
_	Actual Prod. Test-MCF/D		Length of Test	Bbis. Condensate/MMCF	Gravity	of Condensate	
-			·		0.0,	0. 001120112410	
<u> </u> -	Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke S	4	
i	, ,		. asim, . restate (Burge-111)	Cooling Prossure (Single-Zin)	Choke 5	114	į
L							
VI. C	CERTIFICATE OF COMPL	LIANC	E	OIL CONSER	VATION C	OMMISSION	
) () H!	1 1519	76	
I	hereby certify that the rules and regulations of the Oil Conservation		APPROVED 1970, 19				
C	commission have been completed to	mmission have been complied with and that the information given ove to true and complete to the best of my knowledge and belief.		BY_	Inno.1.		
and complete to the best of my knowledge and belief.				the state of the s			
				TITLE SUPERVISOR DISTRICT			
					sir.		
	de land an	2ea		This form is to be filed	-		
_	Signature)			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			
	Davis Payne	, - sgnatt		tests taken on the well in ac	cordance wit	th RULE 111.	
_	Engineer	(T).1	1	All sections of this form			for allow-
	7 12 70	(Title	,	able on new and recompleted	wells.	•	

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

JUL 1 4 1970 OIL CONSERVATION COMM. NOBBS, N. III.