	NO. OF COPIES RECEIVED						
	DISTRIBUTION		. 4 <	NEW MEXICO OIL CONSERVATION COMMISS	SION Form C-104	Form C -104	
	SANTA FE		•	REQUEST FOR ALLOWARLE Supe		ersedes Old C-104 and	
	FILE			AND	Effective 1-1-65		
	U.S.G.S.		AUTHOR	RIZATION TO TRANSPORT OIL AND NA	TURAL GAS	AL GAS	
	LAND OFFICE				· · · · · · · · · · · · · · · · · · ·		
	TRANSPORTER						
	GAS						
	OPERATOR						
	PRORATION OFFICE						
	Operator \$5.@\$3.9.4313 Crecpasy						
7	P. G. Bio 730 - Hobbs, New Yearton						
	Reason(s) for filing (Check proper box) Other (Please explain)						
1	leason(s) for filing (Check pro	oper box)			-		
- 1	Reason(s) for filing (Check pro	oper box)	Change in 7	Transporter of:	m into the Levinger		
		oper box)	Change in 7	Transporter of:	-		
F	lew Well	oper box)	•	Transporter of: Well Late Dry Gas Utility of fe	m into the Levinger		
If at	Change in Ownership diverse of ownership give ad address of previous own	name	Oil Casinghead Devada Caserly SE	Transporter of: Dry Gas Unit offe Gas Condensate Petrology Corporation State "IA" No. 18	m into the Levicace Strive Latteber 1, 1		
If at	Recompletion Change in Ownership	name	Oil Casinghead Devada Caserly SE	Transporter of: Dry Gas Unit wife Gas Condensate Tetrology Corporation State "IA" No. 18 Pool Name, Including Formation K	the time language of the Marie of Lease		
If at	change of ownership give ad address of previous own	name ner	Oil Casinghead Devada Caserly SE	Transporter of: Dry Gas Unit wife Gas Condensate Petrology Corporation State "IA" No. 18 Pool Name, Including Formation K	m into the Levicace Strive Latteber 1, 1		
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If an	change of ownership give address of previous owners Name	name ner	Casinghead Casinghead Casinghead Casinghead Casinghead	Transporter of: Dry Gas Unit of fellows Condensate State "IA" No. 18 Pool Name, Including Formation LOWINGTON BANKS	Ind of Lease		
If at	Change in Ownership give ad address of previous own ESCRIPTION OF WELL Lease Name Loving on Paddoc Location	name ner Y L AND LEA	Casinghead Casinghead SE Well No. F	Transporter of: Dry Gas Unit off Unit off Gas Condensate State "IA" No. 18 Pool Name, Including Formation LOWINGTON BANDLOW State State Sandlow State	in this tab leavings		

or Dry Gas

P.ge.

Gas Well

Twp.

175

1

Date Compl. Ready to Prod.

Name of Producing Formation

Date of Test

Otl - Bbls.

Tubing Pressure

Length of Test

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.

(Signature)

(Title)

(Date)

Tubing Pressure (Shut-in)

CASING & TUBING SIZE

If this production is commingled with that from any other lease or pool, give commingling order number:

Texas-New Mexico Pipe Line Company

Designate Type of Completion - (X)

Name of Authorized Transporter of Casinghead Gas

Skelly Gil Company

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

V. TEST DATA AND REQUEST FOR ALLOWABLE

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

Date Spudded

Perforations

OIL WELL

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

Lease No. B-2359-1

County

Same Res'v. Diff. Res'v.

f. D. Box 1510 - Hadland, lexus

Is gas actually connected?

Workover

DEPTH SET

800

New Well

Total Depth

TUBING, CASING, AND CEMENTING RECORD

Top Oil/Gas Pay

Casing Pressure

Water - Bble.

P. O. Box 1135 - Samice, New Mexica

Deepen

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Producing Method (Flow, pump, gas lift, etc.)

Address (Give address to which approved copy of this form is to be sent)

When

Plug Back

P.B.T.D.

Tubing Depth

Choke Size

Gga - MCF

Depth Casing Shoe

SACKS CEMENT

Bbls. Condensate/MMCF	Gravity of Condensate				
Casing Pressure (Shut-in)	Choke Size				
OIL CONSERVATION COMMISSION					
APPROVED (Reinber	Last Stimes				
TITLE Supersuper, Discriber 6.					
If this is a request for allowell, this form must be accompated to the taken on the well in accompany.	compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation redence with RULE 111.				
able on new and recompleted w	ust be filled out completely for allow- ells.				
Fill out only Sections I, I well name or number, or transpor	I. III, and VI for changes of owner, ten or other such change of condition.				

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