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SANTA FE	1	CONSERVATION COMMISS . 4	Form C-104 Supersedes Old C-104 and C-1
FILE	REQUEST	FOR ALLOWABLE	Effective 1-1-65
U.S.G.S.		AND	· A ¢
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (7A3
OIL	-		
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
A fefrence I Drawer 7 Hobbs, N			
Reason(s) for filing (Check proper b		Other (Please explain)	
New Well	Change in Transporter of:	- kTo change well r	number from 3208 to 56
itecom; letion	Oil Dry Go	is	
Change in Ownership	Casinghead Gas Conde	nsate	• '
If change of ownership give name		•	
and address of previous owner	DIEACE		
Leuse Name Wast Lowington Unit	Well No. Pool No	me, Including Formation t Lovington	Kind of Lease State, Federal or Fee
West Lovington Unit	. To hes	20121180011	
	1980 Feet From The North Lin	ne and 1980 Feet From	The East
Line of Section 8 , 7	ownship 17-S Range 3	6-E , NMPM, Le	ea County
	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	and cany of this form is to be sent!
Name of Authorized Transporter of C		P. O. Box 1510 - Midla	
Texas New Mexico Pi			
Name of Authorized Transporter of Casinghead Gas 😿 or Dry Gas Skelly Oil Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1135 - Eunice, New Mexico	
If well projuces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	
give location of tanks.	I 5 17-S 36-E	Yes	Jnknown
		. 	
	with that from any other lease or pool,	give commingling order number:	
	with that from any other lease or pool,		Die Seele Comp Beele Diff Beel
If this production is commingled to COMPLETION DATA	Oil Well Gas Well	give commingling order number:	Plug Back Same Res'v. Diff. Res'
If this production is commingled to COMPLETION DATA Designate Type of Complete	tion - (X) Gas Well	New Well Workover Deepen	
If this production is commingled to COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'
If this production is commingled to COMPLETION DATA Designate Type of Complete Date Spudded	tion — (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	P.B.T.D.
If this production is commingled to COMPLETION DATA Designate Type of Complete	tion - (X) Gas Well	New Well Workover Deepen	
If this production is commingled to COMPLETION DATA Designate Type of Complete Date Spudded Pool	tion — (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	P.B.T.D. Tubing Depth
If this production is commingled to COMPLETION DATA Designate Type of Complete Date Spudded	tion — (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	P.B.T.D.
If this production is commingled to COMPLETION DATA Designate Type of Complete Date Spudded Pool	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
If this production is commingled to COMPLETION DATA Designate Type of Complete Date Spudded Pool Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	New Well Workover Deepen Total Depth Top Oil/Gas Pay D CEMENTING RECORD	P.B.T.D. Tubing Depth Depth Casing Shoe
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J. G. BLEVINS, JR. ASST. DIST. SUPT.

JUN 1 5 1965

(Title)

(Date)

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TITLE

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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