NO. OF COPIES RECEIVED		
DISTRIBUTION	DNSERVATION COM FOR ALLOWABL	Form D-104 Supersedes Old C-164 and C-11 Effective 1-1-55
FILE	AND NSPORT OIL AND NATURAL GAS	
LAND OFFICE	NSPURT OF AND NATURAL DAS	,
TRANSPORTER		
OPERATOR		
PHOPATION OFFICE		
Getty Gil Congrany		
P. O. Box 249, Robbs, Tox Frides S Reasons) for Fring Check scoper box	John Cleare copiasa	
Hew Ac. Jbange in Trans.order Record Letter 31	 :	
Change in wherstip Casibilities landen		
If change of ownership give name and address of previous owner Tidewater OIL Company,	P. O. Por 209, Bobbs, New	Mexileo 88240
. DESCRIPTION OF WELL AND LEASE	erection Sind of Side	
State "V" 1 Lovington		•• State B-7897
Location C 660 Feat From The North Line	e and 1930 Freet From The	West
Line st Jestion 5 Township 178 Bange	37E	Lea Courty
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA	S	convertilities form is to be sent
Name of Authorized Transpurter of Cally or Contensate Texas New Period Pipeline Cos	Box 1510, Midland,	Texas
Clame 1. Authorized Transporter of Casinghead Gas X or Div 303	Autossichte oddress to which approves Box 1135, Eunice, N	copy of this form is to be south
ting Sec. Wr. Ege.	is the total y appeared? When	
give location of tarks. D 5 17 37	Yes	
If this production is commingled with that from any other lease or pool, V. COMPLETION DATA	Rive comminSing order number	The Deep Free Leef " of Freetra
Designate Type of Completion - (X)		
	i -	
Elevations (DF, RKB, RT, GR, etc. Name of Froductor Committee	i jewi i je ty	l congliepto
Perforations	، الجنب من المحمد الم	Tepth Casing Shoe
TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be a	ther recovery of so-al volume of load oil an	d must be equal to or exceed top allow
OIL WELL able for this de Date First New Cil Bun To Tanks Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	
Date First New CL Hun 10 Lanks Date CL Lest		
Length of Test Tubing Pressure	Casing Freesure	Choke Size
Actual Prod. During Teet CIL-Bble.	Water - Bols,	Gas - MCF
GAS WELL		
Actural Prod. Test-MCF/D Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVA	
	APPROVED	-t, 19
I hereby pertify that the rules and regulations of the Oil Conservation		Amer -
Conviction have been complied with and that the information given	1 61	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	'	
Conviction have been complied with and that the information given	TITLE	ompliance with RULE 1104.
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	TITLE This form is to be filed in co If this is a request for allows	ble for a newly drilled or deepene ied by a tabulation of the deviation
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	TITLE This form is to be filed in co If this is a request for allows well, this form must be accompan tests taken on the well in accord	ible for a newly drilled or deepene ied by a tabulation of the deviatio ance with RULE 111.
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) Area Superintendent (Title)	TITLE This form is to be filed in co If this is a request for allows well, this form must be accompan tests taken on the well in accord All sections of this form must able on new and recompleted well Title on reive Sections I. II	ible for a newly drilled or deepene ied by a tabulation of the deviatio ance with RULE 111. t be filled out completely for allow ls. 10. 10.
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	TITLE This form is to be filed in co If this is a request for allows well, this form must be accompan tests taken on the well in accord All sections of this form mus able on new and recompleted wel Fill out only Sections I. II. well name or number, or transporte	ible for a newly drilled or deepene ied by a tabulation of the deviatio ance with RULE 111. t be filled out completely for allow