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LAND OFFICE					
TRANSPORTER	OIL				
THANS! OR ER	GAS				
OPERATOR					
PRORATION OF	FICE				
Operator					
·	Gedday (A	1 Company			
Address					
	P. O. Bo	× 249, Hol	ibe. Note	Mercieo 8	1240
Reason(s) for filing	(Check proper	box)			
New Well		Chang	e in Transporte	er of:	
Recompletion		Oil		Dry Ga	s
Change in Ownership	P	Casino	ghead Gas 🔲	Conden	sate
					
If change of owners and address of prev	vious owner _	Tidowa ND LEASE			
Lease Name		1	No. Pool Name		
	State "F	BA" 5	V	acuum-Bl	inebr
Location					
Unit Letter	D , 6	660 _{Feet}	From TheN	iorth in	e and
1					
Line of Section	36	Township 1	7S	Range	
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Form C-104
Supersedes Old C-104 and C-110

	FILE		AND	Effective 1-1-65			
	u.s.g.s.	AUTHORIZATION TÓ TRA	INSPORT OIL AND NATURAL	GAS			
	LAND OFFICE	AUTHORIZATION TO TRA	THE AND HATOKAL	. 0.03			
	OIL						
	TRANSPORTER GAS						
	OPERATOR						
	PRORATION OFFICE						
I.	Operator						
		_		•			
	Address Getting CL1	Company					
			.				
	P. O. Box	249, Hobbs, New Merrico 8	9240				
	Reason(s) for filing (Check proper bo	x)	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Ga	s Formerly Tidew	ater GO State "F" #5			
	Change in Ownership	Casinghead Gas Conden		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
							
	If change of ownership give name			Man Mand on CONTA			
	and address of previous owner	Tidewater Oil Company,	# * 300 300, 190008,	NOW NEXTED COMPO			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fe	ormation Kini of Le	are Lease No.			
	<u> </u>	1					
	State "BA	" 5 Vacuum-Bl	inebry State, Fed	erul or Fee State B-1565			
	Location		_				
	Unit Letter D; 66	O Feet From The North Lin	e and 560 Feet Eso	m The West			
	Omit Letter;;;	. co. i tom the	1 30(120				
	Line of Section 36	ownship 178 Range	34E , NMPM,	Lea County			
	Line of Section 30 To	ownsnip 2 Control Runge	J.12 , 1401F104,				
			_				
П.		RTER OF OIL AND NATURAL GA	S	7.10. 6 1. 1. 1. 1.			
	Name of Authorized Transporter of O	or Condensate	Address (Give address to which app	proved copy of this form is to be sent.			
	Western News	Merrico Pineline Co.	Rose 1530, Midlen	d. Testes			
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent;			
	Phillips	Petroleum Co.	Phillips Bldg.,	Odessa. Texas			
		Unit Sec. Twp. Rge.		When			
	If well produces oil or liquids,	_	Yes				
	give location of tanks.	C 36 17 34	168				
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	PC-147			
	COMPLETION DATA						
	D	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Resty, Diff. Resty,			
	Designate Type of Complet	$\operatorname{ion} - (X)$:			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
		-					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Lievations [Dr., RKB, R1, GR, etc.,	Name of Floracing Committon	100 311/ 312 1 11/				
				Depth Casing Shoe			
	Perforcitions			Depth Casting ande			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	<u> </u>						
V.	TEST DATA AND REQUEST I			oil and must be equal to or exceed top allow-			
	OIL WELL	able for this de	epth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method 'Flow, pump, gas	lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF			
	Actual Ploat During 1991	O					
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	<u> </u>						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	CERTIFICATE OF COMPLIANCE		OU CONSERV	VATION COMMISSION			
٧I.	CERTIFICATE OF COMPLIA	ERITICALE OF COMPLIANCE		OOT STATE			
			APPROVED				
	I hereby certify that the rules and	regulations of the Oil Conservation					
	Commission have been complied	with and that the information given he best of my knowledge and belief.	By Jak Cames				
	above is true and complete to the	ne dest of my knowledge and belief.					
			TUTLE SUPERVISOR DISTRICT				
			11 / /				
			This form is to be filed	in compliance with RULE 1104.			
	(Sie	llade	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				
	(Si	nature)	well, this form must be accome tests taken on the well in ac	nenied by a tabulation of the deviation			
	A	ما المعالم الم	tests taken on the west in ac	must be filled out completely for allow-			
		ritle)	All sections of this form sble on new and recompleted				

able 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.

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