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NO. OF COPIES RECE	NO. OF COPIES RECEIVED		٠.	
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF	FICE		L	
Operator				
	C Sign	<u> </u>	14 P	
Address				
	P. O.			
Reason(s) for filing	(Check p	торег	box,	
New Well	Ц			

DISTRIBUTION SANTA FE		NSERVATION COMMISS'	Form C-104 Supersedes Old	C-104 and C-116	
FILE	1	REQUEST FOR ALLOWABLE AND Supersedes Old C-104 and C-1 Effective 1-1-65			
U.S.G.S.	→	ISPORT OIL AND NATURAL G	AS		
LAND OFFICE					
TRANSPORTER OIL	_				
GAS	_				
OPERATOR	_				
Operator					
Control Old	process commences and the second				
Address	MANAGE RECEIVE				
F B. Reti	219, Folia, Apr Parico M	3 : 80			
Reason(s) for filing (Check proper box	:)	Other (Please explain)			
New Well	Change in Transporter of:			11 #a	
Recompletion	OI: Dry Gas	10111011101110	ter GO State "F	" # 9	
Change in Ownership	Casinghead Gas Condens	cate [_]			
If change of ownership give name		a man Ala Malaha Mar	in March Section		
and address of previous owner	Edenator CER Commy, P.	. C. Box 279, 100003; Mr	W. C. Carles Contract		
	* DAGE				
Lease Name	Well No. Pool Name, Including For	rmation Kind of Lease		_erse :	
State "BA	!	State Federa	lor Fee State	B-1565	
Location State DA	yacum Di				
Unit Letter B : 66	O Feet From The North Line	e and 2310 Peet From 1	The East		
Unit Letter B; OO	- rect rom rac				
Line of Section 36	ownship 17S Range	34E , NMPM,	Lea	County	
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to which appro	red cany of this form is	to be sent.	
Name of Authorized Transporter of Of					
Tessas New	Next co Pipeline Co.	Box 1510, Midlend, Address (Give address to which appro	rexas	to be sent;	
Name of Authorized Transporter of Co					
Phillips	Petroleum Co.	Phillips Bldg., O			
If well produces oil or liquids,	Unit Sec. Twp. Rge.				
give location of tanks.	c 36 17 34	Yes	PC 14	.7	
	rith that from any other lease or pool, a	give commingling order number:	10 1		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workever Deepen	Plug Back Same Re	sty. Diff. Pesty	
Designate Type of Complet	ion = (X)		1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.		
Date opudada					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
			1		
		CEMENTING RECORD	SACKS CE	MENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	JACKS CL		
			· · · · · · · · · · · · · · · · · · ·		
			-		
	TOP ALLOWARIE	fter recovery of total volume of load oil	and must be equal to or	exceed top allow	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (1 est must be a) able for this de	pth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			- VGE		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensa	•	
Actual Prod. Test-MCF/D	Length of Test	Sold, College Sold Sold Sold Sold Sold Sold Sold Sold	-		
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	I mpind blessome (Sunc-In				
		OIL CONSERV	ATION COMMISSION	DN	
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	7. 1014 00 WWW.	- : •	
		APPROVED		, 19	
m to the transfer and complied	d regulations of the Oil Conservation d with and that the information given		1111		
above is true and complete to	the best of my knowledge and belief.	BY			
		TYTLE			
		This form is to be filed in	compliance with an	_E 1104.	
			amable for a newly dri	lled or deepend	
C. L. U.	ade				
		Il taste taken on the well in acc	OLGBUCA MITTI MARE	* * *	
Area Supe	crintendent	All sections of this form must be filled out completely for allow the on new and recompleted wells.			

September 30, 1967

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.