IL CONSERVATION DIVISIO P. O. BOX 2088

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** ** 1***** ****	1140				
CISTRIBUTION					
SANTA FE					
FILE					
V.1.G.1,					
LAND OFFICE					
TRANSPORTER	סוג				
	GAS				
OPERATOR					

1.

1.	Reason(s) for filing (Check proper box New Well Recompletion Change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name Mattie Price Location	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS TION OFFICE (s) for filing (Check proper box) (s) for filing (Check proper box) Change in Transporter of: Costinghead Gas Condensate Change of operator from Vernon E. Faulconer Recoust for Allowable Other (Picase explain) Change of operator from Vernon E. Faulconer Recof ownership give name Recof ownership give name Vernon E. Faulconer, 1100 Peoples Bank Building, Tyler, Texas 75702 REPTION OF WELL AND LEASE Name Well No. Pool Name, Inclusing Formation Lease No. State, Federal or Fee Fee Lease No.							
	Unit Letter A : 66	O Feet From The North Lin	e and 660 Feet F	rom The <u>East</u>					
	Line of Section 6 Too	wnship 17S Range	38E , NMPM,	Lea County					
I.	Name of Authorized Transporter of Cil Texas New Mexico Pipe Name of Authorized Transporter of Cal None If well produces oil or liquids, give location of tanks.	line	Address (Give address to which a P. O. Box 1027, Lov Address (Give address to which a None Is gas actually connected?	pproved copy of this form is to be sent) vington, N. M. 88260 pproved copy of this form is to be sent) When					
7.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe						
	Designate Type of Completic		Tarl David	P.B.T.D.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.U.					
	Elevations (DF, RKB, RT, GR, etc.; Name of Producing Formation		Top CIL/Gas Pay	Tubing Depth					
	Perforations		<u> </u>	Depth Casing Shoe					
		TUBING, CASING, AND	CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			1						
	TEST DATA AND REQUEST F	ST DATA AND REQUEST FOR ALLOWABLE (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)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, a	as lift, etc.)					
	Length of Test Tubing Pressure		Casing Pressure Choke Size						
			Water - Bbls.	Gqa - MCF					
	Actual Prod. During Test	Oil-Bbls.	Hale: - BEIE.	OUT MO.					
	CAC WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shat-in)	Choke Size					
	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) (Title)			APPROVED JUN 30 1982 ORIGINAL SIGNED BY BY JERRY SEXTON TITLE DISTRICT 1 SUPR. This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.						

(Date)

Fill out only Sections I, II, 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.