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Ī	SANTA FE			
Ī	FILE			
Ī	U.S.G.S.			
Ī	LAND OFFICE			
Ī	IRANSPORTER	OIL		
- 1		GAS		
Ī	OPERATOR			
ι. Ι	PRORATION OFFICE			
- 1				

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE	AUTHORIZATION TO TRAP	NSPORT OIL AND NATURAL	GAS				
1	perator							
þ	Vernon E. Faulcone							
1100 Peoples National Bank Bldg. Tyler, Texas 75702								
F	Reason(s) for filing (Check proper box)  Other (Please explain)							
- 1	Vew Well	Change in Transporter of:						
- 1	Recompletion	Oil Dry Gas  Casinghead Gas Condens						
Ľ	Change in Ownership X	Casingheda Gas Contaent	sute					
21	change of ownership give name nd address of previous owner	Freeport Oil Company P	.O. Box 3038 - Midland,	Texas 79702				
	ESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Lea	se Lease No.				
-	Mattie Price	3 West Garrett	(Devonian) State, Feder	al or Fee Fee				
Ī	Location		0.00					
	Unit Letter I ; 2300 Feet From The South Line and 990 Feet From The East  Line of Section 6 Township 17S Bange 38E , NMPM, Lea Count							
L	Line of Section 6 Township 17S Range 38E , NMPM, Lea County							
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Y or Condensate Address (Give address to which approved copy of this form is to be sent)								
	Name of Authorized Transporter of Oil							
L	Texas New Mexico Pipe Name of Authorized Transporter of Cas		Box 1027, Lovington, Address (Give address to which appr	oved copy of this form is to be sent)				
j	None None	inglisad das — of sty sas —	None					
$\vdash$		Unit Sec. Twp. Rge.		hen				
	If well produces oil or liquids, give location of tanks.	I 6 17S 38E	No					
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Resty.   Divided the production of t							
	Designate Type of Completion		X					
- }-	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
- 1	July 6, 1970	November 24, 1970	13,136'	12.830'				
-	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	3725' GR	Devonian	12,660'	12,557 Depth Casing Shoe				
T	Perforations							
12,689-12,804'								
			CEMENTING RECORD	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	400				
-	17-1/2"	12-3/4"	410'	520				
}	11"	8-5/8" 5-1/2"	5154'	350				
-	7-7/8"	2-1/2" TBG	12.557'					
L L	TEST DATA AND REQUEST F	OR ALLOWARLE. (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow-				
	OIL WELL	WELL able for this depth or be for full 24 hours)						
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (F tow, pump, gus	11,11, 610.7				
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
			Water Bhie	Ggs - MCF				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	GGB-MCI				
l <u>.</u>								
_	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate				
1	Actual Prod. Test-MCF/D	Length of Test	BBIS. Cointelledie/ MMCr	G. 57.1, 61 60.1150.1501.				
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
_ [		05	OIL CONSERV	/ATION COMMISSION				
/I.	CERTIFICATE OF COMPLIAN	ERIIFICATE OF COMPLIANCE						
	I haveby cortify that the rules and	regulations of the Oil Conservation	APPROVED NOV 2 0 1970 . 19					
	Commission have been complied t	with and that the information given						
	above is true and complete to the	e best of my knowledge and belief.	Dist 1, Supr					
	1		TITLE					
	10. 11.	- 4-	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.					
	Whive Tout to							
-	_ (Sign	ature)						
Couvil toul com (Signature)			All sections of this form must be filled out completely for allow-					
•	(T)	itle)	able on new and recompleted	able on new and recompleted wells.				
	11-1-79	atel	well name or number, or transp	orter, or other such change of conditions				
	U	ate)	Separate Forms C-104 must be filed for each pool in multiply					