NO. OF COPIES RE	CEIVED
DISTRIBUT	ION
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
IRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OF	FFICE

11.

- 1	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
ŀ	SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65
ŀ	FILE		AND	`AC
ł	U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O)A3
	OIL			
	TRANSPORTER GAS	-		
ı	OPERATOR	-		
.	PRORATION OFFICE			
1.	Operator			
	Vernon E. Faulcone	er .		
ĺ	Address			
	1100 Peoples Natio	onal Bank Bldg. Tylei	r, Texa s 75702	
	Reason(s) for filing (Check proper bo	ox)	Other (Please explain)	
1	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Ga	s 🔲	
	Change in Ownership	Casinghead Gas Conden	isate	
If change of ownership give name Freeport Oil COmpany P.O. Box 3038 - Midland, Texas 79702				
	and address of previous owner			
П.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including Fo		1 - 1
	Mattie Price	6 West Garrett	(Devonian) State, Federa	olor Fee Fee
	Location			
	Unit Letter G ;	2310 Feet From The East Lin	e and 1820 Feet From	The North
	Line of Section 6 T	ownship 17S Range	38E , NMPM, Le	ea County
II.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS	1 (1/- f 1
	Name of Authorized Transporter of C	or Condensate	Address (Give address to which appro	vea copy of this form is to be sent;
	Texas New Mexico l		Box 1027, Lovington,	N.M. 88260
	Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which appro	vea copy of this form is to be sent?
	None		None	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
	give location of tanks.	A 6 17S 38E	No	
	If this production is commingled v	with that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA			Plug Back Same Res'v. Diff, Res'v.
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back - Same Nes-V. Diff. Res-V.
	Designate Type of Complete	, A ,	X Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.		I .
	May 24, 1971	August 19, 1971	12,951' Top Oil/Gas Pay	12,951 Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)			Tubing Depth
	3729.3 GR, 3747 RKB		12,778'	Depth Casing Shoe
	Perforations	Botton of casin	ng corrected	
Open Hole 12,887 - 12,951' to log depth 12,887'				1 12,887
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
	17-1/2"	13-3/8"	441'	425
	11"	8-5/8"		430
	7-7/8"		12,887'	250
			12,773'	and much be caused to program.
V.		FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top dison-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)
	Date t tiet them cut tien to 1 min			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Length of Yest			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	Total From Saling 1991			
	l			
	GAS WELL			
	Actual 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
w	. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	ATION COMMISSION
V 1	CERTIFICATE OF COMPEN		NOV 3 U 1979	
	I handy contify that the rules an	d regulations of the Oil Conservation		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) (Title)		Orig. Signed by		
		BY		
		TITLE Dist 1, Supv.		
		This form is to be filed in compliance with RULE 1104.		
		Trailed or deepened		
		had the form must be accompanied by a tabulation of the deviation		
		All sections of this form must be filled out completely for allow-		
	1111	(Date)	well name or number, or transpo	rten or other such change of conditions
		i =/		to stad for each nool in multiply

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