1	S, SA COMPRE ARCEIVED	ł			
	DISTRIBUTION SANTAFE FILE U.S.C.S.	REQUEST	ONSERVATION COMMIT IN FOR ALLOWABLE AND	Form C-194 Supersedes Old C-104 and C-119 Effective 1-1-65	
1.	LAND OFFICE  THANSPORTER GAS  OPERATOR  PRURATION OFFICE	AUTHORITATION TO TRE	NSPORT OIL AND NATURAL G	·A3	
-	Mahil al Carp	cratin			
	Reason(s) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership	Change in Transporter of:  Oil Dry Go Casinghead Gas Conder	10.1 (0)	et allowable y 1913	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND DESCRI	LEASE   Well No. Hool Name, Including F		111	
	Unit Letter; /72	80 Feet From The Societic Lir	e and 1980 Feet From	The Cast	
	Line of Section /6 Tow	vnship 17-8 Range 3	34/-E , NMPM,	Lea County	
HI.	Name of Authorized Transporter of Cas	or Condensate   Leation - Acceptan	Address (Give address to which appro- Address (Give address to which appro- Lown B-2 phillips Be	e Julia 79701	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  J 16 17-8 34-E	14 -	2-18-74	
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Col Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Gil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST 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)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	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)	Coming Pressure (Shut-in)	Choke Size	
	<u></u>		OH CONSERVA	TION COMMISSION	

## VI. CERTIFICATE OF COMPLIANCE

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.

Christ	ne O. Tucker	
	ation Clark	
- Jours	(Title)	

(Date)

## DIL CONSERVATION COMMISSION

APPROVED	, 19
	Orig Signed I

Urig. Signed by Joe D. Ratney

Dist. I, Supv. 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.

All sections of this form must be filled out completely for silow-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