	NO. OF COPIES RECEIVED	1						
	DISTRIBUTION	NEW MEXICO OIL C	Form C-104					
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and						
	FILE	-	AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (SAS				
	LAND OFFICE	4						
	TRANSPORTER GAS	<u> </u>						
	OPERATOR]						
ì.	PRORATION OFFICE							
	Operator Walter W Vrug DRA Waller Draduction Communication							
	Walter W. Krug DBA Wallen Production Company							
	Box 1960 Midland, Texas 79702							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	Change in Transporter of:						
	Recompletion	Oil X Dry Go	ıs 🔲 İ					
	Change in Ownership Casinghead Gas Condensate .							
	by pipeline for The Permian Corp. Hence the change.							
	If change of ownership give name and address of previous owner	It has been brought to	my attention that TNM is	the transporter				
II.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including F						
	Wallen Tonto	4 South Tonto Ya	ates K State, Federa	or Fee Federal NM				
	Location		,					
	Unit Letter M ; 990 Feet From The S Line and 990 Feet From The W							
	Line of Section 30 Township 19S Range 33E , NMPM, Lea County							
	DECICE ATION OF TRANSPORT	PED OF OU AND NATURAL CA						
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent!				
			,					
	Texas New Mexico Pipeline Box 2528 Hobbs, New Mexico 88240 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be							
	Name of Maniorization from the second of the							
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	en .				
	If well produces oil or liquids, give location of tanks.							
	N 1 30 + 128 1 335 1							
IV	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 Res'v. Diff. Res'v.				
	Designate Type of Completion	pn = (X)						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	İ							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
			<u> </u>	·				
	Perforations			Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
		<u> </u>	1	<u> </u>				
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)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t. etc.)				
	Date 1 list Mew Oil Man 10 1 airs		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Zang or 1 co.							
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF				
	•							
		1	· · · · · · · · · · · · · · · · · · ·					
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				

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.

The	Heren R. Krug			
	Co-owner	(Signature)	f	
	4-8-1980	(Title)		
		(Date)		

OIL CONSERVATION COMMISSION

APR 14 1980 APPROVED_ Orig. Signed by John Runyan TITLE _ Geologist

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 allowable 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