NO. OF COPIES REC	j		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
INANSFORTER	GAS		
OPERATOR			

October 26, 1978

(Date)

II.

III.

IV.

NO. OF COPIES RECE	IVED													
DISTRIBUTIO	)N				NEW F	MEXICO OI	L CON:	SERV	ATION COMM	IISSION	ъ.	C 104		
SANTA FE									LOWABLE			Form C-104 Supersedes Old C-104 and C-110		
FILE								ND			Eff	ective 1-1	-65	
U.S.G.S.		1		AUTH	ORIZAT	TON TO	<b>TRANS</b>	PORT	TOIL AND	NATURAL C	SAS			
LAND OFFICE														
TRANSPORTER	OIL		$\dashv$											
OPERATOR	GAS													
PROBATION OFF	1C.E													
Operator	100								<del></del>					— <sub>1</sub>
Tahoe 0:	il & (	Catt	tle Co	٠.										
Address									-					$\neg$
P. O. Bo				nd, T	exas '	79701								
Reason(s) for filing (	Check p	roper	box)	,				t	Other (Please	e explain)				
New Well	H			-	in Transpo			Authorization to tran				rt oil	produced	
Recompletion  Change in Ownership	H			Oil	nead Gas	= '	y Gas ndensate	$\Box$	while dr	cilling ar	nd testi	ng. 🦯	1 4 21 11 C	
Change in Ownership	<u> </u>			Casingn			ndensuit							
If change of owners			e											
and address of previ	ious ow	ner _								_				
DESCRIPTION OF	F WEL	LAN	D LEA											
Lease Name	1.60 C.					ame, Includin	•	ition		Kind of Lease			Lease No	·- ]
Tom Metcal	Tie 5	tate	; 		U	ndesigna	ated			State, Federa	or Fee St	<u>ate</u>	L 1537	_
Location			_						0 -					
Unit Letter J		: 19	80	_Feet Fr	rom The	South	Line an	ıd	1980	Feet From 1	The <u>Eas</u>	t		_
Line of Section	36		<b>T</b>	p 17-8	c	5	36-	r	NI (F)	, T.				
Line of Section			Townshi	<u> </u>		Range		<u> </u>	, NMPM	Le	ea		County	
DESIGNATION OF	F TRA	NSPO	RTER	OF OU	L AND N	ATERAL	GAS							
Name of Authorized								idress	(Give address	to which approx	ed copy of th	is form is	to be sent)	]
The Permian								P.	0. Box 11	83, Houst	on, Tex	as 77	001	
Name of Authorized	Franspor	ter of	Casingh	ead Gas [	or D	ry Gas	Ad	idress	(Give address	to which approx	ed copy of th	iis form is	to be sent)	$\neg$
										\				_
If well produces oil of give location of tank:		з,	¦Uni ! J		_ '	' -	i	gas ac	stually connect	ed? Whe	n			
If this production is COMPLETION DA		ngled	with the	at from a	iny other	lease or po	ol, give	e comr	mingling order	r number:				_
		,			Oil Well	Gas Wel	l Ne	w Well	Workover	Deepen	Plug Back	Same Re	es'v. Diff. Res	'v.
Designate Typ	e of Co	omple	etion —	(X)			1		1	<u> </u>	<u> </u>		<u> </u>	$\Box$
Date Spudded			Date	e Compl.	Ready to I	Prod.	To	otal De	pth		P.B.T.D.			$\neg$
														_
Elevations (DF, RKB	, RT, GF	R, etc	·/ Nam	ne of Proc	ducing For	mation	1.0	)p ()11/1	Gas Pay		Tubing Der	,tn		
Perforations			1				Depth Casi	ng Shoe		-				
•														
				TUBING, CASING, AND			AND CE	CEMENTING RECORD						
HOLE	SIZE			CASIN	G & TUB	ING SIZE			DEPTH SE	ĔΤ	s	ACKS CE	MENT	
														_
													<del></del>	$\dashv$
											ļ			ᅱ
			TOP 4								ì	•		
TEST DATA AND OIL WELL	REQU	ESI	FOR A	ILLOWA	ABLE				ry of total volu or full 24 hours		and must be e	quat to or	exceed top allo	ow•
Date First New Oil F	un To T	anks	Date	e of Test			Pr	oducin	g Method (Flow	, pump, gas lif	t, etc.)		,	$\neg$
							1							
Length of Test		Tub	Tubing Pressure			Co	ising P	tesame		Choke Size				
Actual Prod. During	Test			- Bble.		<u> </u>	Wo	ater - Bh	bla.	<del></del>	Gas-MCF			$\dashv$
Actual Ploat During	. •••		0	22.0.										
			I								<u> </u>			
GAS WELL														
Actual Prod. Test-M	ICF/D		Len	gth of Te	et		Bb	als. Co	ndensate/MMC	F	Gravity of	Condensat	•	- 1
					<del></del>				ressure (Shut	4-1				_
Testing Method (pito	t, back p	or. <i>)</i>	Tub	ing Press	swe (Shut	:-1n	Ca	istng P	Jessme ( Punc.	-111)	Choke Size			
OFFICIAL AND O	E 60V	DT 1	NCE				-		011 (	CONSERVA	TION CO	MAISSIC		
CERTIFICATE O	r COM	rLI/	INCE						OIL (	OCT30	1474	JICC HVIIV.	/IN	
I herehu cartifu that	t the mi	les =-	nd regula	ations ^	f the Oil	Conservati	on   A	PPR	OVED				, 19	
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.		en			Orig. Signed	by '								
		er.    E	Jerry Sexton											
					⊤	TLE		Dist 1. Sup						
Jan Sellars							be filed in c	,	with RUL	E 1104.				
(h	w		<u> Illa</u>	W2	/		_	Τf	this is a requ	uest for allow	able for a n	ewly dril	lled or deepen	ed
7.		15	ignature)			· — —		well. t	his form mus	t be accompar well in accom	sied by a ta	bulation	of the deviati	,on
Jyn :	<u> 11797</u>		Agent_				— II	A1	Il sections of	this form mus	at be filled		letely for allo	-W
			(Title)					able o	n new and re	completed we	118.			

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Schiens 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

REALENCO

COT 2 7 1978
CL COUSCRIVATION COMM.