NO. OF COPIES RECI	EIVED			
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	5		
OPERATOR				
PRORATION OFFICE				
Operator	a r joi	estien		
Address	72	Hobbs,		
Reason(s) for filing New Well Recompletion	(Check	k proper bo		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 PM '65
der - femerly
Unit No. 11-15
Kind of Lease State, Federal or Fee
e est
County
d copy of this form is to be sent)
d copy of this form is to be sent)
Plug Back Same Res'v. Diff. Res'v.
P.B.T.D.
Tubing Depth
Depth Casing Shoe
SACKS CEMENT
d must be equal to or exceed top allow-
Choke Size
Gas-MCF
Gravity of Condensate
Choke Size
ION COMMISSION
5

Fill out Sections I, II, III, and VI only 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 completed wells.

FILE		FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAS GAS 09 PM 65	
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NAMER	9-G4009 PM acc
OIL			99 111 03
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Cperator			
Library and Compared	¢ n		
Address			
P. C. B. 670, How	be, lieu Modieu		
Reason(s) for filing (Check prope	er box)	Other (Please explain)	
New Well	Change in Transporter of:	_ To change well	L medoer - foregrly
Recompletion	Oil Dry G	as	**
Change in Ownership	Casinghead Gas Conde	msate 🗌 Martiz est Dem	ont Unit No. 11-15
		11 12	* *11* Well No. 150
If change of ownership give na and address of previous owner		in illiminat unit	Mett WO. 120
and address of previous owner			
II. DESCRIPTION OF WELL A	AND LEASE		
Lease Name	Well No. Pool No	ime, Including Formation	Kind of Lease
Corthwest Emount U	ril 103 Curo	cario - Guerda	State, Federal or Fee
Lecation			
Unit Letter 0 ;	660 Feet From The south Lin	ne and 1980 Feet Fr	rom The . east
,			
Line of Section	, Township Range	ON NMPM,	譚. County
			1998 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
III. DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL GA	4S	
Name of Authorized Transporter			pproved copy of this form is to be sent)
Tener Telpoticitis Nel			
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)
***************************************	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	i i i i i i i i i i i i i i i i i i i		i
			1
If this production is commingle IV. COMPLETION DATA	ed with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Comp	oletion = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	-		
Perforations			Depth Casing Shoe
	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11022 3,72	Onemo a robino erze	02.77.021	SACKS CEMENT
V. TEST DATA AND REQUES OIL WELL	TFOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow-
Date First New Oil Run To Tank		Producing Method (Flow, pump, ga	us lift etc.)
		i i i i i i i i i i i i i i i i i i i	,,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Length of Yest	. abing 1 researc		Oliore Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
instant room banning room			
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
nstadi i lodi i lost i moli / B	Length of Test	Bars. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Caralina Danas	
.esting wethod (publ., back pr.)	I uping Pressure	Casing Pressure	Choke Size
L			
VI. CERTIFICATE OF COMPL	IANCE	OIL CONSER	VATION COMMISSION
		Harris datas	Galiana di Araba
	and regulations of the Oil Conservation	APPROVED	, 19 <u>~ </u>
Commission have been complete to	ied with and that the information given the best of my knowledge and belief.	BY	Region Sales and a second
is the and complete the	area or my amoratougo and beilen		insuise (it
		TITLE	. <i>ఆ</i> పిత్యాత్ముల వి.మీ.క్ . మై.కి.
and the second of the second o		This face is to be fit a	in compliance with pur F 4404
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
Yi.	(Signature)	well, this form must be accor	mpanied by a tabulation of the deviation
		tests taken on the well in ac	cordance with RULE 111.
- Pro-	(Title)	All sections of this form	must be filled out completely for allow-

(Date)