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Ī	DISTRIBUTIO		
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Ì	FILE		
١	U.S.G.S.		
-	LAND OFFICE		
	TRANSPORTER	OIL	<u> </u>
	HANSPORTER	GAS	
	OPERATOR		
	PRORATION OFFICE		1
- -			

January 19, 1971 (Date)

11.

III.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL G

SAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
se per	Name from Alaska "B" Lease	
	Lease No.	
se ral o	Fee Fee	
	East	
n ine	County	
a		
	on. Texas 77001 d copy of this form is to be sent)	
	Oklahoma 74102	
Ų	nknown	
PC	-353	
1 1	Plug Back Same Resev. Diff. Resev.	
_	P.B.T.D.	
	Tubing Depth	
	Depth Casing Shoe	
	SACKS CEMENT	

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 completed wells.

U.S.G.S.	AUTHORIZATION TO TRANS	SPURT VIL AND NATURAL GAS					
LAND OFFICE							
TRANSPORTER GAS							
OPERATOR							
PRORATION OFFICE Operator							
John H. Hendrix							
316 Central Bldg., Reason(s) for filing (Check proper box)	316 Central Bldg., Midland, Texas 79701						
New Well	Change in Transporter of:	Change of Lease	Name from Alaska				
Recompletion	Oil Dry Gas	Cooper to Cooper	. "D. Texae				
Change in Ownership	Casinghead Gas Condense	ite					
If change of ownership give name and address of previous owner							
I. DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kind of Lease	Lease No.				
Cooper "B"	11 Monument (G		Fee Fee				
Location Unit Letter H : 198	Unit Letter H ; 1980 Feet From The North Line and 990 Feet From The East County						
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Give address to which approve	d copy of this form is to be sent)				
Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this form is to be sent)							
Shall Pineline Corp	Shell Pipeline Corp. Name of Authorized Transporter of Casinghead Gas or Dry Gas		P.O. Box 2648. Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589. Tulsa, Oklahoma 74102				
Warren Petroleum Co	Unit Sec. Twp. Rge.	Is gas actually connected? When					
If well produces oil or liquids, give location of tanks.	H 12 20S 36E	746	nknown				
If this production is commingled wit	h that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Completion	on – (X)	David Dorth	P.B.T.D.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Tuhing Danth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe				
Perforations			Depth Casing Silve				
	TUBING, CASING, AN	CEMENTING RECORD	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
1,022							
		after recovery of total volume of load oil	and must be equal to or exceed top allow				
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be able for this d	ante or de tor this ar nouse.					
OIL WELL 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				
Actual French							
GAS WELL	GAS WELL		Gravity of Condensate				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		A TION COMMISSION				
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION					
	d regulations of the Oil Conservation with and that the information give	APPROVED					
I hereby certify that the rules an Commission have been complied above is true and complete to	d regulations of the Original distribution give in with and that the information give the best of my knowledge and believed.	BY DISPERSION DISPERSION					
	\wedge	TITLE					
1.0 H1/2		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene If this is a request be accompanied by a tabulation of the deviation					
/	ignature)	well, this form must be accome	well, this form must be in accordance with RULE 111. tests taken on the well in accordance with RULE 111.				
Owner-Operator	(Title)	able on new and recompleted wells.					

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