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Name of Authorized Transporter of Oil Name of Authorized Transporter of Casingh	or Condensate 1co Pipeline nead Gas X > or Dry Gas	Address (Give address to w		form is to be sent)
Uni	MA 7 CT (674) 1 C .	Address Tytte address to w	thich approved copy of this	form is to be sent)
If well produces oil or liquids, give location of tanks.		Is gas actually connected?	When 195 '	7
If this production is commingled with the		l, give commingling order nu		
Designate Type of Completion -	- (X)	New Weil Workever	Deepen Flag Back	Same Rest . Datt. From
	rte Compl. Ready to Prod.	Total Depth	P.H.T.D.	
Date Spudded				
Elevations (DF, RKB, RT, GR, etc.) Na	ame of Producing Formation	Top Cil/Gas Pay	Tubing Depti	h
Perforations			Depth Casino	g Snoe
	TURING CASING A	ND CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SA	CKS CEMENT
HOLE SIZE	CASING & TUBING SIZE			
				······································
			 	
. TEST DATA AND REQUEST FOR OIL WELL	ALLOWABLE (Test must be able for this	e after recovery of total volume depth or be for full 24 hours)		qual to or exceed top all
Date First New Oil Run To Tanks Do	ate of Test	Producing Method (Flow, p	pump, gas tiji, etc.)	
7.	ubing Pressure	Casing Pressure	Choke Size	
Length of Test	uping Presente	1		
Actual Prod. During Test Of	il-Bbis.	Water - Bbis.	Gas - MCF	
GAS WELL				
	ength of Test	Bbls. Condensate/MMCF	Gravity of C	Jonaensate
Testing Method (pitot, back pr.)	ubing Pressure (Shut-in)	Casing Pressure (Shut-i	Choke Size	
			I	_

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.

Area Superintendent

September 3th, 1967

(Date)

APPROVED	, 19
	1 / Inch
BY	

This form is to be filed in compliance with RULE 1104.

TITLE .

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 completed wells.

NO. OF COPIES RECEIVED	•				
DISTRIBUTION	·				
SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1		
FILE		FOR ALLOWABLE	in the control of th		
U.S.G.S.	ALITUODIZATION TO TRAN	SPORT OF AND NATION	OULCAS		
LAND OFFICE	AUTHORIZATION TO TRAN	AND ANSPORT OIL AND NATURAL GAS 15 AH '66			
OIL		12 M PE			
FRANSPORTER	1-Midland				
OPERATOR	i-File				
PRORATION OFFICE	→				
Cperator	013 (0		· · · · · · · · · · · · · · · · · · ·		
Tidewaver	Qil Company				
Address	Sobbe New Years on				
BOX 249, 1	iobbs, New Mexico				
Reason(s) for filing (Check proper bos	x)	Other Please explain)			
New Well	Change in Transporter of:	-			
Recompletion.	Orl Dry Gas	-			
Change in Ownership	Casinghead Gas 💆 Condens	sate			
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND	LEASE No. 1 Mars No. 1 N	e, Including Formation	Kind of Lease		
Lease Name	.	Resort Queen	State, Federal or Fee Fee		
	MLC 15	Promotic directi	- State, Ladda, et . es - D-D-		
Lecation	No. West	2144 Fact 5	North		
Unit Letter	9 Feet From The West Line	ani 2144 Peet F	rom The ROY WIL		
Time of Sentine	ownship 198 Range	37 E , NMPM,	Los County		
Line of Sention. 4 To	ownship 198 Range	31.8 (20.50)	C C daily		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S			
Name of Authorized Transporter of Ca	or Condensate	Address (Give address to which a	approved copy of this form is to be sent)		
Texas New Mexico Pij		Box 1510, Midland,			
Name or Authorized Transporter of Co	asinghead Gas 🔼 or Dry Gas 🗀	Address (Give address to which e	approved copy of this form is to be sent;		
Warren Petroleum Con	poration	Box 1589, Tulsa, 0	klahoma		
Transfer and a Manual of	Unit Sec. Twp. Rge.	(s gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	E 4 19 37	Yes	1957		
To the state of th	ith that from any other lease or pool, a	rive communating order number	,		
. COMPLETION DATA	Ith that from any other lease or poor, g	give comminging order number			
	Oil Well Gas Wel.	New Well Watkover Deepe	n Plug Back Same Resty. Diff, Rest		
Designate Type of Complet					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth		
			+		
Perforations			Depth Casing Shoe		
	TUBING, CASING, AND				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		1			
			-		
	FOR ALLOWABLE Test must be af	fter recovery of total volume of loc pth or be for full 24 hours)	ed oil and must be equal to or exceed top all		
OH. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift. etc.)		
Date First New Oil Run To Lanks	Date of Test	:	,.,		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Length C. Yest		i ·			
Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gas - MOF		
Actual Pred. During 1981	G 25731	!			
CAC WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate		
Actual Plad. 16st-WC17D	Zong of 1001				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
realing weeked (passes sacre pro)					
	NGE	OIL CONSE	RVATION COMMISSION		
I. CERTIFICATE OF COMPLIA	NCE	di di			
		APPROVED	, 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 t	he best of my knowledge and belief.	BY			
					
	_	TITLE			
Original Signed R	3.y	This form is to be file	ed in compliance with RULE 1104.		
C. L. WADE		If this is a request for	allowable for a newly drilled or deeper		
(Si,	gnature)	well, this form must be accepted tests taken on the well in	companied by a tabulation of the deviat accordance with RULE 111.		
Area Supt.		All sections of this form must be filled out completely for allo			
(Title)		able on new and recomplet	ed wells.		
	66	Fill out only Section	s I, II. III, and VI for changes of own nsporter, or other such change of conditi		
	(Date)	Sanctate Forms Cate	4 must be filed for each pool in multi		
		Separate Forms C-104 completed wells.	, made be inter to: buch poor in mare		