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DISTRIBUTION	NEW MEXICO OIL CONSEDVATION COMMISSION		
SANTA FE	NEW MEXICO OIL CONSERVATION COMM REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-1
FILE	I	1115	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND HAZORA	A GAS
LAND OFFICE	5 <b>-</b> 000	30£ £0	4 01 PM 265
TRANSPORTER GAS	l-Midland l-File		
OPERATOR	T-LITE		
1. PRORATION OFFICE			
Cperator <b>Tidewate</b> r	coil Company		
Address  Box 249.	Hobbs, New Mexico		
Reason(s) for filing (Check proper b	•	Other (Please explain)	
New Well	Change in Transporter of:	- Barmardas Asta	- Ct - t - 12 2 0 1/2
Recompletion	Oil Dry C	Formerty Azce	c State E-10- #1
Change in Ownership	Casinghead Gas Conde	ensate	
If change of ownership give name and address of previous owner	D LEASE	ny, Box 837, Hobbs, Ne	
East Exmo	i i i i i i i i i i i i i i i i i i i	ame, Including Formation <b>Etmont Queen</b>	Kind of Lease State, Federal or Fee State
Location Unit Letter D : 6	660 Feet From The North Li	ne and 660 Fact Wr	on The West
	10.0		OH THE
Line of Section 10 , T	Cownship 19 S Range	37 E , NMPM,	Lea County
Name of Authorized Transporter of C		Address (Give address to which a	oproved copy of this form is to be sent)
Texas New Mexico Pipe Line Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 1510, Midland, Texas Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum (	Unit Sec. Twp. Age.	Phillips Building, (	Odessa, Texas
If well produces oil or liquids, give location of tanks.	D 10 19 37	Yes	195 <b>7</b>
If this production is commingled v. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Complet	Oil Well Gas Well	New Well Workover Deeper.	Plug Back   Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Gil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST I OIL WELL	FOR ALLOWABLE (Test must be a	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 Tanks	Date of Test	Froducing Method (Flow, pump, gas lift, etc.)	
	i i		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Antural Parish Durán Thurs			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			I.
GAS WELL Actual Prod. Test-MCF/D	Length of Test		-
Tierda, Foat Fest Mel') B	Langth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIAN	NCE	OII CONSED	VATION COMMISSION
			-
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.		APPROVED	
		ВУ	
		TITLE	
Original Signed B <b>y:</b> B. M. BREINING			
		i	n compliance with RULE 1104.
(Sig	nature)	well, this form must be accom	lowable for a newly drilled or deepened panied by a tabulation of the deviation
Area Engineer		tests taken on the well in ac	cordance with RULE 111.

VI.

(Date)

July 19, 1965

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