NO. OF COPIES REC	į		
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

form C-104	
Supersedes Old C-104 and	C-11
Effective 1-1-65	

				AND		Effective 1-1-6	
U.S.G.S.		AUTHO	DRIZATION TO TE		•	1 046	
LAND OFFICE		AOTTIC				L GAS	
OIL			6- <b>10000</b>	1 37 111	' <b>n/</b>		
TRANSPORTER	<del></del> -		1-W. L. Boone				
GAS	$\longrightarrow$		1-R. H. Coe				
OPERATOR							
PRORATION OFFICE		•	1-File				
Operator		,		······································		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
GETTY C	ill con	MANY					
Address		<del></del>			<del></del>		
P. O. B	ione sho	Hobbs	New Mexico				
		, 2000,	TIGH MEWT GO				
Reason(s) for filing (Check pro	oper box)			Other	(Please explain)		
New Well		Change ir	Transporter of:				
Recompletion 😩		011	Dry (	Gas 🕱			
Change in Ownership		Casinghe	ad Gas Cond	densate			
				actionte			
If change of ownership give	name						
and address of previous own							
DESCRIPTION OF WELL	AND L	EASE					
Lease Name			Pool Name, Including	Formation	Kind of L	ease	Lease No.
State "	371	<u>h</u>	Bernet Augus	_	State Fe	deral or Fee	Lease No.
Location			Bosont Queen	1	Bidle, I et	State	
/6	Ar.			_			
Unit Letter;	<b>66</b> 0	Feet Fro	m The North L	ine and 1980	Feet Fr	om The West	
Line of Section 17	Town	ship ]	Range	37E	NMPM,	*	Carrates
		<u></u>			141411 141,		County
DESIGNATION OF TRAN	CDADTI	ED OF OU	AND NATURAL C	140			
DESIGNATION OF TRAN  Name of Authorized Transporte	er of OUL		AND NATURAL G		7.1		
	n or on [	01 C(	indensate	Address (Give ad	idress to which ap	proved copy of this form is t	be sent)
耳CMZ							
Name of Authorized Transporte	er of Casin	nghead Gas	or Dry Gas 🚂	Address (Give ad	ldress to which ap	proved copy of this form is t	be sent)
El Paso	Matur	al Gas Co	· ·	3 0 3-	140L	99	
If well produces oil or liquids,	1	Unit Sec.		Is gas actually c	onnected?	When Next co	
give location of tanks.	i	<b>16</b>					
		None	<del></del>	Yes	i	10-29-67	
If this production is comming	gled with	that from any	y other lease or pool	, give commingling	g order number:		
COMPLETION DATA					-		
D T C	1	(37)	il Well Gas Well	New Well Work	kover Deepen	Plug Back   Same Res	v. Diff. Restv.
Designate Type of Cor	npletion	-(X)	X		j 1	1	1
Date Started	I	Date Compl. R		Total Depth		<u> </u>	<u> </u>
10-84-67				Total Depth		P.B.T.D.	
		10-2	<del>y                                    </del>			3030	
Elevations (DF, RKB, RT, GR,	etc., N	Name of Produ	cing Formation	Top Oil/Gas Pay		Tubing Depth	
3720 DF		Q:	lings:	3600	)	35 <b>k</b> 1	
Perforations						Depth Casing Shoe	
3600-	-/	and 3633	-3696			a spin s asing sites	
	4021				50000		
3000	3023		UDING CACING AN	ID CEMENTING S	ECUBU	•	
	3523	T	UBING, CASING, AN				
HOLE SIZE	3023	T	UBING, CASING, AN & TUBING SIZE		TH SET	SACKS CEM	ENT
	3023	T				SACKS CEM	ENT
	3823	T				SACKS CEM	ENT
	3523	T				SACKS CEM	ENT
	3923	T				SACKS CEM	ENT
HOLE SIZE		T ( CASING	& TUBING SIZE	DEP	TH SET		
HOLE SIZE TEST DATA AND REQUE		T ( CASING	& TUBING SIZE  BLE (Test must be a	DEP	TH SET		
HOLE SIZE  TEST DATA AND REQUE OIL WELL	est for	CASING CASING	& TUBING SIZE  BLE (Test must be a	after recovery of total	TH SET  al volume of load of hours)	il and must be equal to or ex	
HOLE SIZE  TEST DATA AND REQUE	est for	T ( CASING	& TUBING SIZE  BLE (Test must be a	after recovery of total	TH SET	il and must be equal to or ex	
HOLE SIZE  TEST DATA AND REQUE OIL WELL	est for	CASING CASING	& TUBING SIZE  BLE (Test must be a	after recovery of total	TH SET  al volume of load of hours)	il and must be equal to or ex	
HOLE SIZE  TEST DATA AND REQUE OIL WELL	EST FOR	CASING CASING	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24  Producing Method	TH SET  al volume of load of hours)	il and must be equal to or ex	
HOLE SIZE  TEST DATA AND REQUE OIL WELL  Date First New Oil Run To Tan	EST FOR	CASING  CASING  RALLOWAE	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total	TH SET  al volume of load of hours)	il and must be equal to or ex	
TEST DATA AND REQUE OIL WELL Date First New Oil Run To Tan Length of Test	EST FOR	CASING  CASING  RALLOWAE  Oute of Test  Tubing Pressur	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24 Producing Method Casing Pressure	TH SET  al volume of load of hours)	lift, etc.)  Choke Size	
HOLE SIZE  TEST DATA AND REQUE OIL WELL  Date First New Oil Run To Tan	EST FOR	CASING  CASING  RALLOWAE	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24  Producing Method	TH SET  al volume of load of hours)	il and must be equal to or ex	
HOLE SIZE  TEST DATA AND REQUE OIL WELL  Date First New Oil Run To Tan  Length of Test	EST FOR	CASING  CASING  RALLOWAE  Oute of Test  Tubing Pressur	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24 Producing Method Casing Pressure	TH SET  al volume of load of hours)	lift, etc.)  Choke Size	
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HOLE SIZE  TEST DATA AND REQUE OIL WELL  Date First New Oil Run To Tan  Length of Test  Actual Prod. During Test	EST FOR	CASING  CASING  RALLOWAE  Oute of Test  'ubing Pressur  Oil-Bbls.	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24 Producing Method Casing Pressure Water-Bbls.	TH SET  al volume of load of hours)  (Flow, pump, gas	lift, etc.)  Choke Size  Gas-MCF	
HOLE SIZE  TEST DATA AND REQUE OIL WELL  Date First New Oil Run To Tan  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D	EST FOR	CASING  CASING  RALLOWAE  Oute of Test  Tubing Pressur	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24 Producing Method Casing Pressure	TH SET  al volume of load of hours)  (Flow, pump, gas	lift, etc.)  Choke Size	
HOLE SIZE  TEST DATA AND REQUE OIL WELL Date First New Oil Run To Tan  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D 5.499	CST FOR	CASING  CASING  RALLOWAE  Oute of Test  Cubing Pressur  Out-Bbls.	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24 Producing Method Casing Pressure Water-Bbls. Bbls. Condensate,	TH SET  Il volume of load of hours)  (Flow, pump, gas	lift, etc.)  Choke Size  Gas-MCF	
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HOLE SIZE  TEST DATA AND REQUE OIL WELL Date First New Oil Run To Tan  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  5.499	CST FOR	CASING  CASING  RALLOWAE  Oute of Test  Cubing Pressur  Out-Bbls.	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24 Producing Method Casing Pressure Water-Bbls.  Bbls. Condensate, Casing Pressure	TH SET  al volume of load of hours)  (Flow, pump, gas  /MMCF  Shut-in)	lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate  Choke Size	ceed top allow
TEST DATA AND REQUE OIL WELL Date First New Oil Run To Tan Length of Test Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D 5,409 Testing Method (pitot, back pr.,	EST FOR	CASING  CASING  RALLOWAE  Oute of Test  Tubing Pressur  Oil-Bbls.  ength of Test  ubing Pressur  -614	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24 Producing Method Casing Pressure Water-Bbls.  Bbls. Condensate, Casing Pressure	TH SET  al volume of load of hours) (Flow, pump, gas  /MMCF  Shut-in)	cil and must be equal to or extended to continuous to the state of the	ceed top allow
HOLE SIZE  TEST DATA AND REQUE OIL WELL  Date First New Oil Run To Tan  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  5.499  Testing Method (pitot, back pr.,	EST FOR	CASING  CASING  RALLOWAE  Oute of Test  Tubing Pressur  Oil-Bbls.  ength of Test  ubing Pressur  -614	& TUBING SIZE  BLE (Test must be able for this d	after recovery of total lepth or be for full 24 Producing Method Casing Pressure Water-Bbls.  Bbls. Condensate, Casing Pressure	TH SET  al volume of load of hours) (Flow, pump, gas  /MMCF  Shut-in)	lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate  Choke Size	ceed top allow
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HOLE SIZE  TEST DATA AND REQUE OIL WELL  Date First New Oil Run To Tan  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  5,499  Testing Method (pitot, back pr.,  Back Pressure  CERTIFICATE OF COMPI  I hereby certify that the rules Commission have been comp	LIANCE and regulated with	CASING  CASING	& TUBING SIZE  BLE (Test must be able for this described able to the des	after recovery of total lepth or be for full 24 Producing Method Casing Pressure Water-Bbis.  Bbis. Condensate, Casing Pressure ( APPROVED BY	TH SET  al volume of load of hours) (Flow, pump, gas  /MMCF  Shut-in)	cil and must be equal to or extended to continuous to the state of the	ceed top allow
HOLE SIZE  TEST DATA AND REQUE OIL WELL Date First New Oil Run To Tan Length of Test  Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D  5,499 Testing Method (pitot, back pr., Rack Pressure  CERTIFICATE OF COMPI I hereby certify that the rules Commission have been compabove is true and complete	LIANCE a and regulated with to the be	CASING  CASING  RALLOWAE  Oute of Test  Cubing Pressur  Oil-Bbls.  ength of Test  ubing Pressur  -614	& TUBING SIZE  BLE (Test must be able for this described able to the des	DEP  after recovery of total lepth or be for full 24  Producing Method  Casing Pressure  Water-Bbls.  Bbls. Condensate,  Casing Pressure (	TH SET  al volume of load of hours) (Flow, pump, gas  /MMCF  Shut-in)	cil and must be equal to or extended to continuous to the state of the	ceed top allow
TEST DATA AND REQUE OIL WELL Date First New Oil Run To Tan Length of Test  Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D  5,499 Testing Method (pitot, back pr., Back Pressure  CERTIFICATE OF COMPI I hereby certify that the rules Commission have been compabove is true and complete	LIANCE s and regulied with to the be	CASING  CASING  RALLOWAE  Oute of Test  Cubing Pressur  Oil-Bbls.  ength of Test  ubing Pressur  -614	& TUBING SIZE  BLE (Test must be able for this described able to the des	DEP  after recovery of total lepth or be for full 24  Producing Method  Casing Pressure  Water-Bbls.  Bbls. Condensate,  Casing Pressure (  APPROVED  BY  TITLE	TH SET  al volume of load of hours)  (Flow, pump, gas  /MMCF  Shut-in)  POIL CONSERV	cil and must be equal to or exting the state of the state	64,15/64
HOLE SIZE  TEST DATA AND REQUE OIL WELL Date First New Oil Run To Tan Length of Test  Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D  5,499 Testing Method (pitot, back pr., Rack Pressure  CERTIFICATE OF COMPI I hereby certify that the rules Commission have been compabove is true and complete	LIANCE s and regulied with to the be	CASING  CASING  RALLOWAE  Oute of Test  Cubing Pressur  Oil-Bbls.  ength of Test  ubing Pressur  -614	& TUBING SIZE  BLE (Test must be able for this described able to the des	DEP  after recovery of total epith or be for full 24  Producing Method  Casing Pressure  Water-Bbls.  Bbls. Condensate,  Casing Pressure (  APPROVED  BY  This form	It volume of load of hours) (Flow, pump, gas  /MMCF Shut-in)  CONSERV	choke Size  Gravity of Condensate  Choke Size  Gravity of Condensate  Choke Size  ATION COMMISSION	64,15/64
HOLE SIZE  TEST DATA AND REQUE OIL WELL  Date First New Oil Run To Tan  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  5.499  Testing Method (pitot, back pr.,  Back Pressure  CERTIFICATE OF COMPI  I hereby certify that the rules Commission have been compabove is true and complete	LIANCE s and regulied with to the be	CASING  CASING	& TUBING SIZE  BLE (Test must be able for this described able to the des	DEP  after recovery of total perth or be for full 24  Producing Method  Casing Pressure  Water-Bbls.  Bbls. Condensate,  Casing Pressure (  APPROVED  BY  This form  If this is a	It volume of load of hows) (Flow, pump, gas  MMCF Shut-in)  It CONSERV	cil and must be equal to or exting the state of the state	54,15/64 9

Area Superintendent

(Title)

November 14, 1967

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.