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	OPERATOR						
ı.	PRORATION OF	FICE			<u>L.</u>		
	Operator	Gerth	7 OJ	1 (Cong	30 03	•
	Address	P. 0	Bo	n e	Şiş	Ho	b
	Reason(s) for filing				•		-
	New Well		•	,		Char	ige
	Recompletion					011	
	Change in Ownershi	₽█				Casi	ng
	If change of owners and address of pre-	ship giv	e nam	ne	Tic	icwa	st
II.	DESCRIPTION O	ATC MATCH		NID 1		c E	
		I WEL	L A	UV.	LLA		
	Lease Name				Uni	Well t	
	Lease Name	Na.				Well t	1 N
	Location	Mac	it [.	Uni	well t	3
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II.	Location Unit Letter Line of Section DESIGNATION 0 Name of Authorized	E 22 OF TRA	NSP	Tov	Unit	Fee 1	9
II.	Location Unit Letter Line of Section DESIGNATION O Name of Authorized	E 22 F TRA Transpo Texas	NSP	OR1	Unit	Fee OF	0]
11.	Location Unit Letter Line of Section DESIGNATION 0 Name of Authorized	E 22 F TRA Transpo Transpo Transpo Transpo	NSP rter o	OR1	Unit	Fee 1	0]
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SANTA FE	1 I	CONSERVATION COMMISSION FOR ALLOWARIE		d C-104 and C-1	
FILE	NEGOES!	REQUEST FOR ALLOWABLE Supersedes Old C Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NAT	URAL GAS		
LAND OFFICE					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator Gentlan	011 Company	<u> </u>			
Address			·	_ 	
P. O. 1	Box 249, Robbs, Her Hankso &	<u> </u>			
Reason(s) for filing (Check prop		Other (Please exp.	ain)		
New Well Recompletion	Change in Transporter of: Oil Dry Ga				
Change in Ownership	Casinghead Gas Conder	77			
If above of approaching size =	ame Tidowater Oli Company,	P. O. Borr Oka Self	to the United Applie		
If change of ownership give n and address of previous owne		20 00 2845 2979 20	AN INVICT COSAC		
DESCRIPTION OF WELL	AND LEASE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Lease Name	Unit Pool Name, including F		Kind of Lease Les State, Federal or Fee		
Location Sast	Depont 53 Busont	Quean	e, Federal or Fee State	B-2277	
Unit Letter E ;	1980 Feet From The North Lir	ne and 660 F	eet From The West		
			_	_	
Line of Section 22	Township 198 Range	37E , NMPM,	Lea	County	
	SPORTER OF OIL AND NATURAL GA	NS			
Name of Authorized Transporter	of Oil X or Condensate	Address (Give address to wh	ich approved copy of this form is t	o be sent)	
Name of Authorized Transporter	of Casinghead Gas 🔀 🧏 or Dry Gas 🔠	· ·	ich approved copy of this form is	o be sent;	
	en Petroleum Co.	Pers 67,	cant, Her Mexico		
If well produces oil or liquids,	Unit Sec. Twp. Eqe.	is gas actually connected?	When		
give location of tanks.	E 22 19 37	Yes	· L		
Designate Type of Com	Off Well Gas Well Date Compl. Ready to Prod.	New Well Workover D	P.B.T.D.	stv. Diff, Rest	
Elevations (DF, RKB, RT, GR,	etc., Name of Producing Formation	Top ON/Gas Pay	Tubing Depth		
			Depth Casing Shoe		
Perforations			Depth Stisting Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE	MENT	
TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be a	after recovery of total volume of	f load oil and must be equal to or	exceed top allo	
OIL WELL Date First New Oil Run To Tar	able for this di	epth or be for full 24 hours) Producing Method (Flow, pu	mp, gas lift, etc.)		
Pare I was Man On Law 10 I di			· ·		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
CAR WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate)	
Testing Method (pitot, back pr.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size		
CERTIFICATE OF COMP	PLIANCE	OIL COM	SERVATION COMMISSIC	N	
CLIMITE OF COMP)			
I hereby certify that the rule	s and regulations of the Oil Conservation	APPROVED		, 1 y	
Commission have been com	plied with and that the information given to the best of my knowledge and belief.	BY Anig			
20070 10 tide and complete		II / CLIDEBLE	SOR DISTRICT		
		117-		F 1104	
10 00	Vade_	This form is to be	filed in compliance with RUL for allowable for a newly dril	e ilve. led or deepend	
6.20, 6	ere at	If this is a request	for allowable for a newly dril	of the deviation	

Area Superintendent

September (30; 1967

(Date)

well, this form must be accompanied by a tabulation of 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, 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.