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CONDITIONS OF APPROVAL, IF ANY:

NO OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISS N Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS U.S.G.S. LAND OFFICE 5-0CC OIL | RANSPORTER 1-Midland GAS 1-File OPERATOR PRORATION OFFICE Tidderster Oil Company Address Box 249, Hobbs, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Formerly Standard of Texas Oil Dry Gas Recompletion State 1-22 #3 Condensate Change in Ownership If change of ownership give name Standard of Texas, Box 1660, Midland, Texas and address of previous owner II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease East Remont Unit Eumont Queen State, Federal or Fee Location ; 1980 Feet From The North _Line and ____**1980** West Feet From The Lea Line of Section 22 , Township 19 **S** Range 37 E , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) me of Authorized Transporter of Oil Box 1510, Midland, Texas Texas New Mexico Pipe Line Company Address (Give address to which approved copy of this form is to be sent) tigge of Authorized Transporter of Casinghead Gas or Dry Gas Monument, New Mexico Warren Petroleum Corporation Is gas actually connected? Unit Twp. Rge. If well produces oil or liquids, give location of tanks. 37 22 19 Yes 1957 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Oil Well Workover Gas Well New Well Designate Type of Completion -(X)P.B.T.D. Date Spudded Date Compl. Ready to Prod Total Depth Name of Producing Formation Top Cil/Gas Pay Tubing Depth Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Gas - MCF Actual Prod. During Test Oil-Bbls. Water - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Gravity of Condensate Length of Test Bbls. Condensate/MMCF Choke Size Casing Pressure Testing Method (pitot, back pr.) Tubing Pressure

VI. CERTIFICATE OF COMPLIANCE

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.

Orig	inal	Signed	By:
		DEFENTA	

B. M. BREINING (Signature) Area Engineer (Title)

July 14, 1965

(Date)

OIL CONSERVATION COMMISSION

State

County

APPROVED 1	19
AFFROVED 1	
TITLE	

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

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 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.