ĺ	NO. OF COPIES RECT	IVED	
	DISTRIBUTION		
	SANTA FE		
1	FILE		
	U.S.G.S.		
ĺ	LAND OFFICE		
	TRANSPORTER	OIL	
-	INANSFORTER	GAS	
	OPERATOR		
. [	PRORATION OFFICE		
	Operator		

II.

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v.

V.

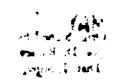
/1.

(Date)

DISTRIBUTION	NEW MEXICO OIL C	ON SERVATION COMMISSIC .	34n C+,64		
SANTA FE	REQUEST	FCR ALLOWABLE	Supersiden Old C-104 and C-11 Effective 1-1-65		
U.S.G.S.	411711071747101170 77	AND			
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS		
TRANSPORTER OIL					
GAS					
OPERATOR					
PRORATION OFFICE Operator					
John H. Handrix					
Address	Nr: 12 1 707	03			
·	, Midland, Texas 797	<del></del>			
Reason(s) for filing (Check proper box,		Other (Please explain)			
New Well Recompletion	Change in Transporter of:  Oil Dry Ga	المستعر			
Change in Ownership	Casinghead Gas Conder				
			V. Alexander		
If change of ownership give name and address of previous owner					
Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.		
Crutchfield #32"	l Monument (Gr	yb-S.A.) State, Fede	ral or Fee PCC		
Location					
Unit Letter / 1 ; 16	50 Feet From The South Lin	e and 990 Feet Fron	n The Bast		
(0 H 22	vnship 19 South Range 37	East , NMPM, Lea	County		
Line of Section 32 Tov	vising 19 DOUGH Range )	Last , NMPM, Lea	County		
DESIGNATION OF TRANSPORT	CER,OF OIL AND NATURAL GA				
Name of Authorized Transporter of Oil	<del>-</del> '		roved copy of this form is to be sent)		
Permian Corporation		P.O. Box 3119, Midl	and, Texas  oved copy of this form is to be sent)		
Name of Authorized Transporter of Cas			over copy of this form is to be semi		
El Paso Matural Gas	Unit Sec. Twp. Rge.	El Paso, Toxas Is gas actually connected? W	hen		
If well produces oil or liquids, give location of tanks.	I 32 198 37E	· ·	April 21, 1972		
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	ot Commingled		
COMPLETION DATA	Oil Well Gas Well		Plug Back   Same Res'v. Diff. Res'v.		
Designate Type of Completion		New Well Workover Deepen	Find Back Countries (		
Date Spuagea	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		
Petrordrons					
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-		
OIL WELL	able for this de	pth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	itji, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas - MCr		
G 4 G 10 C Y 1					
GAS 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		
			4.710.1.00.1.01.1.01.1.01.1.1.1.1.1.1.1.1		
CERTIFICATE OF COMPLIANC	CE	OIL CONSERV	ATION COMMISSION		
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	APPROVED MAY 1 1972 , 12 Orig. Signed by		
Commission have been complied w	ith and that the information given	BY Joe D. Rames			
above is true and complete to the	Dest of my knowledge and better.	D	et. I, Supr.		
A : A : A : A : A : A : A : A : A : A :	// /	TITLE			
	1	This form is to be filed in compliance with RULE 1104.			
1.0000	/	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			
Gwner-Operator		tests taken on the well in accordance with RULE 111.			
- Guiler - Oper a oor (Til	le)	All sections of this form mable on new and recompleted v	ust be filled out completely for allow-		
April 24, 1972		Fill out only Sections I.	II. III, and VI for changes of owner,		
		I WALL SOME AS SUMBER OF TRANSPA	ries, or color aller aller crimings of Committedite		

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.



RECEIVED

M. Y 1 1972

OIL CONSERVATION COMM. HOBBS, N. M.