NO. OF COPIES RECEIVED							
DISTRIBUTION							
SANTA FE	N			CONSERVA		MISSION	
FILE		RE	QUEST	FOR ALL	OWABLE		
U.S.G.S.				AND			
LAND OFFICE	AUTHORI		IO TR	ANSPORT	OIL AND	NATURA	YUG4
OII	_	5-0CC					
TRANSPORTER GAS		1-Midl					
OPERATOR		1-File	;				
PRORATION OFFICE							
Operator							
Address	idewater Cil	Company	•				
B	ox 249, Hobbs	, New M	iexi co				
Reason(s) for filing (Check proper b	ox)			(Other (Pleas	e explain)	
New Well	Change in Tr	ansporter of	f:		Former	lar Gter	A-wi
Recompletion	Oil		Dry G	as 🔲	State		
Change in Ownership X	Casinghead (Gas	Conde	nsate	20800	±-3/ ¥.	,
If change of ownership give name and address of previous owner		of Tex	as, B	ox 1 660,	Midlen	d, Tex	JS.
DESCRIPTION OF WELL AND Lease Name	D LEASE	Well No.	Pool No	me, Including	Formation		F
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Location			I				
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Line of Section 35 , T	ownship 198	R	ange	37 E	, NMPN	м,	
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Texas New Mexico Pi				Address (G	ive address	to which a	pproved
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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.

(Signature)

(Title)

(Date)

1965

Original Signed By: B. M. BREINING

Area Engineer

July 14,

CONSERVATION COMMISSION FOR ALLOWABLE

DNSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
AND NSPORT OIL AND NATURA U	19 ⁶ 19 2 33 PM 765
Other (Please explain)	
Formerly Stands State 1-35 #3	ard of Texas
1660, Midland, Texas	
Amont Queen	Kind of Lease State, Federal or Fee State
and 330 Feet From	The South
37 E , NMPM,	Les County
Box 1510, Midland, Ten Address (Give address to which appro Monument, New Mexico s gas actually connected? Yes	oved copy of this form is to be sent)
ve commingling order number:	
New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
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DEPTH SET	SACKS CEMENT
02.111.021	JACKS CLINENT
h or be for full 24 hours)	and must be equal to or exceed top allow-
Producing Method (Flow, pump, gas li	ijt, etc.)
Casing Pressure	Choke Size
Water-Bbls.	Gas - MCF
Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure	Choke Size
OIL CONSERVA	ATION COMMISSION
APPROVED	, 19
BY	
TITLE	

TITLE			_									
Thi	s form	is	to	be	filed	in	comp	liance	with	RULE	110	4.
					_			_				

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.