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	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-17 Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
1.	PRORATION OFFICE Operator John H. Hendrix Address 316 Central Bldg. Reason(s) for filing (Check proper box	,	Other (Please explain)		
	New Well Recompletion Change in Ownership  If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Go Casinghead Gas Conde  Sun Oil Company, P.O		December 1, 1970 Texas 79701	
II. DESCRIPTION OF WELL AND LEASE Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   I					
	Alaska Cooper	10 Monument-B1		20200	
Unit Letter D : 330 Feet From The North Line and 960 Feet From The West					
		vnship 20S Range	36E , NMPM, Le		
		<u> </u>		a county	
ш.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approx		
	Shell Pipeline Corr		P.O. Box 2548, Hou Address (Give address to which approx	ston, Texas 77001  ed copy of this form is to be sent)	
	Warren Petroleum Co		P.O. Box 1589, Tuls	a. Okla. 74102	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. H 12 20S 36.	Is gas actually connected?" Whe	nkn <b>own</b>	
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number: P	C-353	
14.	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded	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	
		Transfer of the second of the	100 010, 000 1 17		
	Perforations Depth Casing Shoe				
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		D ALLOWANIE of			
٧.	TEST DATA AND REQUEST FO	able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
		<u> </u>			
	GAS WELL		<b>1</b>	·	
	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	
VI.	CERTIFICATE OF COMPLIANC	CE	QIL CONSERVA	TION COMMISSION	
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		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			
Je bin Hezd -					

(Signature) Owner-Operator (Title)

December 1, 1970 (Date) 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.

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OIL CUMSERVATION COMM.