NO. OF CO TES REC	EIVED	l	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION CO SION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old Effective 1-1-65	-104 and (
	U.S.G.S.	AUTHORIZATION TO TRA	AND		
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	SAS	
	OIL	1			
	TRANSPORTER GAS				
	OPERATOR]			
1.	PRORATION OFFICE				
	Operator				
	John H. Hendrix				
	525 Midland Tower	r Midland, Texas 7970	1		
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	OII Dry Ga	S Change of Oper	ator	
	Change in Ownership	Casinghead Gas Conder			
	If change of ownership give name				
	and address of previous Towner Ope	rator Cleary Petrole	m, 300 Prentice Bldg.,		
	DECOMPOSION OF HELL AND	T D AGD		7311	16
11.	Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease		Lease No.
	Laughlin	4 Eunice Monumen	t. (G-SA) State, Federa	l or Fee Fee	
	Location	1,200.200		•	
	Unit Letter A ; 660	Feet From The North Lin	e and 660 Feet From 7	The East	
	Line of Section, 8 Tov	waship 20 Range	37 , NMPM,	_Lea	County
		PED OF OH AND NATURAL CA	c		
III.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approx		sent)
	Shell Pipe Line Compan	-	P.O. Box 1910, Midland		
	Name or Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approx		'ent/
	Warren Petroleum Corp	oration	P.O. Box 1589, Tulsa,	Oklahoma 74101	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n.	
	give location of tanks.	0 5 20 37	1		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res.".	ii. icestv.
	Designate Type of Completion	on = (X)		1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top DilyGas Pay	Tubing Depth	
			1	Depth Casing Shoe	·
	Perforations			Deptil Gabling Siles	
		TUBING CASING AND	CEMENTING RECORD	<u> </u>	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMEN	`
				ļ	
				i	 -
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a phile for this de	fter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exce	eci top allow:
OII. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				Caralian	
	Actual Prod. During Test	Cil-Bbis.	Water-Bbis.	Gas-MCF	
		<u> </u>		1	_
	CAC WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual / 1001 Foot Mary 5				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION	
			1115	4.0	
I hereby certify that the rules and regulations 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.		1.4			
	•		APPROVED BY TITLE Religies		
This form is to be file			The The Things		• • •
			This form is to be filed in c	combinance with MOFE i	11
		ature)	If this is a request for allowable for a newly drilled or deeper ad 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.		
	pu 1	n Clark			
	Production (Til	n GIEFK			
		1			f aunar

6/6/75 (Date)

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.

REGENED

JUN 1: 1975

CTL CONSIDERAT - 1 COMM. NORDS, N. B.