HO. OF COPIES REC	EIVED	
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	FICE	

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
John H. Hendrix			
Address			
403 Wall Towers West, Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	Omer (Fredse explain)	
Recompletion	Oil Dry Gas	s X	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
Lease Name	LEASE  [ Weil No.   Pool Name, including Fo	ormation Kind of Lease	Lease No.
Gilluly "A" Federal	1 Eunice Monumen	State Fide-	1
Location Rederat	T Harree Horiamen	(G DII)	rederar
Unit Letter M : 66	O Feet From The South Line	e and 660 Feet From 7	The West
OM Letter			
Line of Section 8 Tow	vnship 20-S Range	37-E , NMPM,	Lea County
Name of Authorized Transporter of Cil	FER OF OIL AND NATURAL GA	S Address (Give address to which approx	ved copy of this form is to be sent)
		P. O. Box 2648, Housto	<u> </u>
Shell Oil Company Name of Authorized Transporter of Cas	einghead Gas or Dry Gas 🔀	Address (Give address to which approve	ved copy of this form is to be sent)
El Paso Natural Gas Co		P. O. Box 1492, El Pas	o, Texas 79910
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en
give location of tanks.	M 8 20 37	Yes	7/73
If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completic		New Well workerer Beepen	1 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 Cil. Gas Pay	Tubing Depth
		1	
Perforations			Depth Casing Shoe
		A CELEVITING DECORD	
10.5015	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOBING SIZE	52. 1.1.02.	
	<u> </u>	<u> </u>	<u>i</u>
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of socal volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL    Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)
Date First New Cir Run 10 . Gaks	5416 01 1661		
Length of Test	Tuning Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bais.	Gas-MCF
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Actual Prod. 1881-MCF/D	Lagitt of 100t		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION
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.		APPROVED, 19	
		Orlg. Signed by  Joe D. Ramey	
~			. "F **
9 · ~ A		This form is to be filed in	compliance with RULE 1104.
Murleuce X	1) this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviation of the de		anied by a tabulation of the deviation
(Sign	active)	touts taken on the well in accordance with RULE 111.	
Production	n Clerk	All sections of this form m able on new and recompleted w	ust be filled out completely for allow-
10 14 72		II III, and VI for changes of owner,	
		till the same and a second at the second at	rter, or other such change of condition.
10	ute)	well name or number, or transpor	at be filed for each pool in multiply