	HO. WE COFFE RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR	REQUEST	CONSCRVATION COMMISSIC FOR ALLOWABLE AND ANSPORT OIL AND MATURAL G	Poim C-104 Superardes Old C-104 and C-1 Effective 1-1-65		
l.	PRONATION OFFICE Operator	l Canada				
	AMOCO PRODUCTA Address P. D. DRAWER A, Reconsist for filing (Check proper box New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry G Casinghead Gas Conde	BRADLEY # 1 TO	DWELL NAME FROM SOUTH HOBBS UNIT#115		
	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, including F	1	J ==== :		
		the SOUTH				
ı		waship 19-5 Range		LEA County		
I.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil SHELL PIPECING Name of Authorized Transporter of Cas	or Condensate [] CO, Singhead Gas Or Dry Gas []	Address (Give address to which approve Address (Give address to which approve	MIDLAND, TEXAS 79701 ed copy of this form is to be sent)		
	PHILLIPS PETROLE If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	TULY 15, 1954		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completic		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		
	,	TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
. ا 	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a able for this de	Iter recovery of total volume of load oil a epth or be for full 24 hours)			
İ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	Chara Stra		

Tubing Pressure Length of Test Water - Bbie. Gas-MCF Actual Pred. During Tool Oil-Bbla.

GAS WELL
Actual Fred, Test-MCF/D Gravity of Condensate Bbls. Condensate/MMCF Length of Test Choke Size Casing Pressure (Shut-in) Tubing Prossure (Shuu-iu) Testing Mothed (pitot, back pr.)

I. CERTIFICATE OF COMPLIANCE

I hereby cortify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief.

APPROVED	JUL 5	1977	 19
DY			
mimi iz	ار در المعالم الماري المار - الماري الم	<i>i</i> ,	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly deflict or deepword well, this form much be accompenied by a tabulation of the deviation taken on the well in accordance with RULE 111.

OIL CONSERVATION COMMISSION

All sections of thin form must be filled out completely for allowable on now and accompleted valls.

Fill out only Sections I. H. HI, and VI for chances of owner, well name or number, or transporter or other such thenge of condition.

O42 NMOCC, HOBBS, 1. DIV, 1- KWB

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ILE			
J.S.G.5.			
AND OFFICE			
TRANSPORTER	OIL		
- HARST CHITCH	GAS		_
PPERATOR			L.
PROHATION OFFICE		1	

Div

TW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1brm C-104 Supergedes Old C-104 and C-110 Effective 1-1-65

AND OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND I	- -	43	
TRANSPORTER GAS					
DPERATOR					
PROHATION OFFICE	ALD ALLY				
AMOCO PRODUCTION CO	MPANY				
P.O. Drawer A, Leve	elland, Texas 79336	Other (Please	explain)		
ew Well	Change in Transporter of:			- 0 0 D	
recompletion	Oil Dry Gas Casinghead Gas Condens	ير دا ت	ease Name I	From O. O. Brad	ley to
change of ownership give name					
a address of previous owner					
ESCRIPTION OF WELL AND LI	EASE Well No. Pool Name, Including For	rmation	Kind of Lease	-	Lease No.
cradley	1 Hobbs Grayburg	San Andres	State, Federal	or Fee Fee	
Unit Letter I : 330	Feet From The East Line	and 2310	Feet From Ti	he South	
Oint Botter	ship 19-S Range 38.		,	Lea	County
			<u> </u>		
TSIGNATION OF TRANSPORTS	or Condensate	Address (Give address	to which approve	ed copy of this form is t	o be sent)
Shell Pipeline Co.		800 Wilco Bldg	J. Midland	. Texas 79701	o be sent)
Phillips Petroleum Co.		Bartlesville,	0klahoma		
	Unit Sec. Twp. P.ge. 7 6 19 38	Is gas actually connect Yes		n 1y 15, 1954	
	that from any other lease or pool, g				
OMPLETION DATA	Off Well Gas Well	New Well Workover	Deepen	Plug Back Same Hos	v. Diff. Restv.
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
the options of		Top Oil/Gas Pay		Tubing Depth	
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ony Gus Pay			
erforations				Depth Casing Shoe	
	TUBING, CASING, AND			SACKS CEN	VE NIT
HOLE SIZE	CASING & TUBING SIZE	DEPTHS	E 1	SACKS CEN	
				1	
TET DATA AND REQUEST FO	RALLOWABLE (Test must be af able for this de)	ter recovery of total volu pth or be for full 24 hour	s)		exceed top allow-
tie First New Oil Run To Tanks	Date of Tout	Producing Method (Flei	v, pump, gas liji	t, etc.)	
ength of Test	Tubing Pressure	Casing Pressure		Cheke Size	
.ctual Prod. Duting Test	Oil-Bbls.	Water + Bbls.		Gas-MCF	
S WELL				To and Condensity	
ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	CF .	Gravity of Condensate	
eating Method (pitot, back pr.)	Tubing Fressure (Shut-in)	Casing Freesure (Shu	:-in)	Choke Size	
ERTIFICATE OF COMPLIANC	E	jOIL	CONSERVA	TION COMMISSIO	N
		APPROVED	% 1977		19
mereby certify that the rules and regulations of the Oil Conservation ministed have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		BYBANGED			
_ove is true and complete to the	best of my knowledge and concer-	TITLE		ologis!	
	1	This form is t	o be filed in c	compliance with RUL	E 1104.
Kai (Signet)	If this is a re-	quest for allow	able for a newly dril	led or dompened of the doviation	
رهندي) Administrat <u>ive Assi</u> s	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 allow-			••	
Tiu		eble on new and r	compicted we	tit and VI for the	anges of owner,
NMOCC-H (Day	(e)	well name or numb	er, or transport	er, or other such chan	ge of coadition.

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OPERATOR			
PRORATION OF			

	FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL	REQUEST	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Ĭ.	OPERATOR PRORATION OFFICE Operator				
	AMOCO PRODUCTIC Address P.O. DRAWER A, LEVELLAND,				
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership		is [vership from W.K.Byrom Prou. Co.	
	If change of ownership give name and address of previous owner	W.K. Byrom Box	147 HOBBS, N.M.	88240	
Π.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including F	ormation Kind of Lea	ise Legse No.	
	O.O. BRADLEY	1 .	RG SAN ANDRES State, Fede	2	
	,		ne and <u>23/0</u> Feet From 38 - E , NMPM,	n The SouTH LEA County	
1.23		TER OF OIL AND NATURAL GA			
ik.	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent) DLAND, TEX. 79701	
	PHILLIPS PETROLEUM CO.		BOO WILCO BLDG. MIDLAND, TEX. 79701 Address (Give address to which approved copy of this form is to be sent) BARTLES VILLE OKLAHOMA Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	6 19 38	YES	July 15, 1954	
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Flug Back Same Resty. Diff. Resty.				
	Designate Type of Completic		New Well Workover Deepen	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 Oil/Gas Pay	Tubing Depth	
	Perforations Depth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
v ,	TEST DATA AND DECUEST E	OP ALLOWARIE (Test must be a	feer renovery of total volume of load o	il and must be equal to at exceed top allow-	
٧.	TFST DATA AND REQUEST FOR ALLOWABIE. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) Date First New Cil Sun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
			0	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	Actual Prod. During Test	O11-Bbls.	Water-Bbis.	Gas-MCF	
	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	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	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, 19		
			1 2 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		
		1 1		compliance with RULE 1104.	
		Pay W. Cox	If this is a request for allowable for a newly drilled or deepened		
	<u>Admini</u>	strative Assistant	All sections of this form n	ordance with RULE 111. nust be filled out completely for allow-	
. +4	- MMOCC- H (Til		able on new and recompleted	wells. II. III. and VI for changes of owner.	
/-	DIV.		well name w number, or transporter, or other such change of condition.		

(Date)

able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name w number, or transporter, or other such change of condition.

Section 2015 Condition of the