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DISTRIBUTIO		
SANTA FE		
FILE		
U.\$.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
INANSFORIER	GAS	
OPERATOR		
PRORATION OF		
Operator		

	NO. OF COPIES RECEIVED	_				
	DISTRIBUTION	HEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65		
	FILE		AND			
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (3A5		
	IRANSPORTER OIL					
	GAS					
	OPERATOR DESIGN					
I.	PRORATION OFFICE Operator					
	Jake L. Hamon					
	Address					
	908 Vaughn Build	ing, Midland, Texas 79701				
	Reason(s) for filing (Check proper be	Change in Transporter of:	Other (Please explain) Effective May 1	, 1970, Permian will		
	Recompletion	Oil Dry Gai		of all condensate.		
	Change in Ownership		sate XX			
ļ						
	If change of ownership give name and address of previous owner					
	•					
II.	DESCRIPTION OF WELL AND	Vell No.: Pool Nar	me, Including Formation	Kind of Lease		
	Union State		North, Morrow Gas	State, Federal or Fee State		
	Location State	1 Osuac	North, Horrow Gas	ocace		
	Unit Letter H ; 6	60 Feet From The East Lin.	e and 1980 Feet From	The North		
	Only Letter	T det i tom the				
	Line of Section 30 , T	ownship 20-S Range 36	5-E , NMPM, <u>I</u>	ea County		
			_			
11.	DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Communications of Communication (Communication)	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	wed copy of this form is to be sent)		
		_	Box 3119, Midland, Tex			
	The Permian Corporat	Zasinghead Gas or Dry Gas	Address (Give address to which appro	eved copy of this form is to be sent)		
	Warren Petroleum Cor		Box 67, Monument, New	Mexico		
	If we'll produces oil or liquids,	Unit Sec. Twp. Rge.		en		
	give location of tanks.	1 1 1	<u> </u>			
	If this production is commingled v	with that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Complete					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations	Perforations Depth Calling Shots				
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	Oxamo a realiza				
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
	OIL 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.)					
	Date First New Cir Itali 10 Talian					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	İ					
	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gαs-MCF		
		•				
	GAS WELL Actual Prod. Yest-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Float 1951 Mel 72					
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
VI.	CERTIFICATE OF COMPLIA	INCE	OIL CONSERV	ATION COMMISSION		
			Maria de la companya della companya della companya della companya de la companya della companya	MAY 1 1970 ,.		
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	/			
		BY John W.	runyan			
			# 0			
		()				
,	\mathcal{M}_{\cdot}	(Yatt		compliance with RULE 1104.		
(Signature)			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			
	Clerk		tests taken on the well in acco	ordance with RULE 111.		
	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	April 29, 1970		Fill out Sections I. II. III	I, and VI only for changes of owner,		
		(Date)	well name or number, or transpo	rter, or other such change of condition		

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.