NO. OF COPIES RECI	EIVED	ĺ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

III.

_	NO. OF COPIES MECETAED					
	DISTRIBUTION	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104	
	SANTA FE	NTA FE REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-110	
	FILE	AND			Effective 1-1-65	
\vdash						
-	U.S.G.S.	ACTIONIZATION TO TRAINS ON THE TWO INTEREST				
-	LAND OFFICE	4				
	TRANSPORTER OIL	4				
	GAS					
	OPERATOR	1				
.	PRORATION OFFICE	1				
1.	Operator					
	R. G. McPHERON					
L						
ł	Address Day 176 Habbs No.	w Movies 99240				
	Box 176, Hobbs, Ne	W MEXICO 00240				
-	Reason(s) for filing (Check proper box,)	Other (Pleas	e explain)		
- 1	New Well	Change in Transporter of:				
		Oil Dry Go	as 🗆			
1	Recompletion		F			
L	Change in Ownership	Casinghead Gas Conde	isute []			
a	of change of ownership give name and address of previous owner	LEASE Well No. Pool Name, Including F		Kind of Lease State, Federal or F	Lease No.	
ŀ	Location					
-	A 33	0 North ,	990	Feet From The _	Ea st	
	Unit Letter;;	Feet From TheLi	ne and	reet room ine		
	1 5	19 S	38 E ,,,,,,,,	1	.ea County	
	Line of Section To	wnship Range	JO L , NMPI	А,	County	
-						
TTT :	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS			
, , , , , , , , , , , , , , , , , , ,	Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approved co	opy of this form is to be sent)	
	Admiral Crude Oil		P. 0. Box 134	15. Midland.	Texas 79701	
1			Address (Give address	to which approved co	opy of this form is to be sent)	
i	Name of Authorized Transporter of Ca	singhedd Gds or Dry Gds	Address (Sive address			
1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	UniA Sec Twp.9 Rge 38	Is gas actually connec	ted? When		
- 1	If well produces oil or liquids, give location of tanks.	A 15 19 36		1		
į						
1	If this production is commingled wi	ith that from any other lease or pool	, give commingling ord	er number:		
	COMPLETION DATA		7		g Back Same Res'v. Diff. Res'v.	
		Oil Well Gas Well	New Well Workover	Deepen	ig Edek Baine Hes II Bill Hos II	
1	Designate Type of Completi	on $-(X)$ X	X			
- 1		Date Compl. Ready to Prod.	Total Depth	P.I	3.T.D.	
	Date Spudded					
	Date Spudded 3/25/68		4210'			
	Date Spudded 3/25/68	4/4/68		Tu	ping Depth	
	Elevations (DF. RKB. RT. CR. etc.)	4/4/68 Name of Producing Formation	Top Oil/Ggs Pay	.	bing Depth	
		4/4/68			42051	
	Elevations (DF, RKB, RT, GR, etc.) 3595 RT	4/4/68 Name of Producing Formation San Andres	Top Oil/Ggs Pay			
	Elevations (DF, RKB, RT, GR, etc.) 3595 RT	4/4/68 Name of Producing Formation San Andres	Top Oil/Ggs Pay		42051	
	Elevations (DF, RKB, RT, GR, etc.) 3595 RT	4/4/68 Name of Producing Formation San Andres 4183-931	Top Oil/Gas Pay 4164'	De	42051	
	Elevations (DF, RKB, RT, GR, etc.) 3595 RT Perforations 4164-68',4172-80',	4/4/68 Name of Producing Formation San Andres 4183-931 TUBING, CASING, AN	Top Oil/Gas Pay 41641 ND CEMENTING RECO	De RD	4205 the Casing Shoe	
	Elevations (DF, RKB, RT, GR, etc.) 3595 RT	4/4/68 Name of Producing Formation San Andres 4/83-931 TUBING, CASING, ANDRES CASING & TUBING SIZE	Top Oil/Gas Pay 41641 ND CEMENTING RECO	De RD	4205 f pth Casing Shoe SACKS CEMENT	
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VI.

Alm	osheron	
Operator	(Signature)	
4/29/68	(Title)	

(Date)

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 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.

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.