DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
		7	

EW MEXICO OIL CONSERVATION COMMISSI

Form C-104

	ANTA FE REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S. AUTHORIZATION TO TRANSPORT			NATURAL O					
	LAND OFFICE	A TOTAL TOTA							
	TRANSPORTER GAS	-							
	OPERATOR								
ı.	PRORATION OFFICE		<u> </u>		_ 				
Operator Hytech Energy Corporation									
	Address								
		710 Western United Life Bldg., Midland, Texas 79701 Other (Please explain)							
	ecson(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Change name from Western 3 tates Producing								
	Recompletion								
	Change in Ownership Casinghead Gas Condensate effective January 1, 1975.								
	If change of ownership give name	NA							
	and address of previous owner								
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation	Kind of Lease	,	Lease No.			
	Aztec Federal 14 2 Lea (Penn) G		1		or Fee Federal	NM4437			
	Location	ocation			*.7 L				
	Unit Letter F ; 198	Feet From The North Line	e and 1980	Feet From 7	The West				
	Line of Section 14 Tow	vnship 20-S Range	34-E , NMPN	и, Lea		County			
Ш.	DESIGNATION OF TRANSPORT	or Condensate XX	Address (Give address	to which approx	ed copy of this form is	to be sent)			
	Texas New Mexico Pipe	eline Company	Box 1510, Mi	dland, Te	xas 79701				
	Name of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be sent)			Į.				
	Phillips Petroleum Co	Unit Sec. Twp. Rge.	Rm B-12 Phil		., Odessa:, Te	xas			
	If well produces oil or liquids, give location of tanks.	J 14 20S 34E	Yes	i	January, 197	'o			
	If this production is commingled with	th that from any other lease or pool,	give commingling orde	r number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.			
	Designate Type of Completion		1	1 !					
	Date Spudded	Date Compi. 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					
		CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS		SACKS CE	MENT			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total vol pth or be for full 24 hour	ume of load oil	and must be equal to or	exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo		(t, etc.)				
			Garden December		Choke Size				
	Length of Test	Tubing Pressure	Cdsing Pressure		Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF				
					<u> </u>				
	CAC WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate				
			Casing Pressure (Shu	t-in)	Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cdamy Pressure (Sar-	·,					
VI	VI. CERTIFICATE OF COMPLIANCE		OIL	CONSERVA	TION COMMISSIO	N			
7 5			ADDROS			. 19			
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							
	1.		TITLE	<u></u>					
		This form is t	o be filed in	compliance with RUL	E 1104.				
Lay Lannet			and the attempts for a newly drilled or deepened						
	Production Clea	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.							
	(Ti	tle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.						
	12-11-74		and the changes of owner.						

(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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.