NO. OF COPIDE RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator GREAT WESTERN DR Address	AUTHORIZATION TO TR	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GA	Porm C+104 Supersedes Old C-104 and C+1 Elfoctive 1-1-65 AS
P.O. Box 1659 Midland, TX 79702 Reason(s) for filing (Check proper box) Other (Please explain)			
New Well	Change in Transporter of		
Recompletion	OII X Dry G		
Change in Ownership	Cusinghoad Gas Conde	insate	·
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	TEACE		
Lease Name	Well No. Pool Name, Including F		Lease No.
Bordages	4 Eunice-Monumen	t(Grayburg SA) State, Federal o	Fee Federal LC 05571
	60 Feet From The north Lin	ne and 1780 Feet From The	e west
Line of Section 33 To	ownship 19-S Range	37-Е , ммрм, Lea	County
	TER OF OIL AND NATURAL GA	Address (Give address to which approved	
Name of Authorized Transporter of Oll S or Condensate Charter Crude Oil Company			n. TX 77012
Name of Authorized Transporter of Casinghead Gas 🕅 or Dry Gas		Address (Give address to which approved	l copy of this form is to be sent)
Warren Petroleum	Company Unit Sec. Twp. P.ge.	P.O. Box 1589 Tulsa, Is gas actually connected? When	Oklahoma 74102
If well produces oil or liquids, give location of tanks.	C 33 19-S 37-E		-1-80
	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen F	Dlug Back Same Hes'v. Dlif. Res'v.
Designate Type of Completi	Date Compl. Ready to Prod.	Total Depth	P.B. T.D.
	Date Compt. Neday to Prod.		· D. 1.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay 7	Fubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be ap	fter recovery of total volums of load oil and pth or be for full 24 hours)	must be equal to or exceed top-allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Preducing Method (Flow, pump, gas lift, e	ric.)
	Tubing Pressure	Coaing Pressure C	Choke Size
Length of Test		Claing Frenewa	
Actual Pred. During Tost	Oll-Bbls.	Water-Bble. G	Gas-MCF
		ll	
GAS WELL			
Actuat Fred, Test-MCF/D	Longth of Test	Bbls. Contensate/MMCF G	iravity of Condensate
Testing Mothod (pirot, back pr.)	Tubing Proxemo (Shuu-111)	Cosing Pressure (Shut-in) C	hoke Size
		ļl_	
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION	ON COMMISSION
I hereby cortify 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	
		BYJerry Serten	
		TITLE DIN L RUES	
\frown l_1		This form is to be filed in comp	pliance with RULE 1104,
Jeanne Starr Jeanne Starr		If this is a request for sllowable for a newly diffed or deepened well, this form must be accompanied by a tabulation of the deviation	
(Signature) Production Accountant		texts taken on the well in accordance with RULE 111.	
(Title)		All sections of this form must be filled out completely for allow- rble on new and accompleted viells.	
7-29-81 (Date)		Fill out only Sections I, U, III, and VI for chargen of condition, well name or number, or transporter, or other nucli charge of condition.	