	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
•••	Operator MORRIS R. ANTWEIL Address				
	Address Box 2010, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain)				
	New We!l Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condense	Request for 5	00 Bbl. Testing	
	If change of ownership give name and address of previous owner	· ·			
11.	DESCRIPTION OF WELL AND I Lense Name State SX Location	LEASF. Well No. Pool Name, Including For 1 Undesignated		crFee State V-48	
	Unit LetterJ;198	BO_Feet From The South Line	and1980 Feet From T	he East	
	Line of Section 36 Tow	mship 195 Range 3	7Е, №РМ,	Lea County	
11.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Southern Union Refi Name of Authorized Transporter of Cas	ning co.	Address (Give address to which approv Suite II2, 4201 Wir Irving, Texas 75062 Address (Give address to which approv	,	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 36 19 37	Is gas actually connected? When NO	n	
	If this production is commingled wit COMPLETION DATA Designate Type of Completic Date Spudded	on - (X) Oil Well Gas Well Date Compl. Ready to Prod.	vive commingling order number:	Plug Back Same Res'v. Diff. Res'v.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil o	and must be equal to or exceed top allow-	
• •	TEST DATA AND REQUEST FOR ALLOWADDL able for this depth or be for full 24 hours) 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.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oll-Bble.	Water - Bbls.	Gas - MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	I. CERTIFICATE OF COMPLIANCE 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.		OIL CONSERVATION COMMISSION		
	above is true and complete to the best of my knowledge and bolton (Signature) Production Clerk (Title) September 9, 1981 (Date)		BY Dist le Surgy. TITLE Dist le Surgy. 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 allow- able 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.		