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U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

38012.10	REQU	EST FOR ALLOWABLE	Supersedes Utd U-104 and U-11.	
FILE		AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE		니 1 · 보고 제())		
TRANSPORTER OIL				
GAS				
OPERATOR DECISE				
Operator				
Bruce A. \	W ilban ks			
Address				
3210 Sincla	ir, Midland, Texas 78	9701	•	
Reason(s) for filing (Check proper to		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	011	Oil Dry Gas CHANGE OF OPERATOR		
Change in Ownership	Casinghead Gas	Condensate	1	
If change of ownership give name and address of previous owner	e			
. DESCRIPTION OF WELL AN	D LEASE			
Wood "A" State	Well No. Pool Name, Includ			
	2 Eumont (dueen) State, Fed	eral or Fee State B2406	
Location	Blom43	1050		
Unit Letter F ; 1	1980 Feet From The North	Line and 1650 Feet From	om The West	
16 16	Township 20S Range	37E MMPM.	Los	
Line of Section	Township Range	e JIE , NMPM,	Lea County	
DECICNATION OF TRANSPO	NOTED OF OIL AND NATURA	I CAS		
Name of Authorized Transporter of	ORTER OF OIL AND NATURA OIL Or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)	
None			,	
Name of Authorized Transporter of	Casinghead Gas or Dry Gas 2	Address (Give address to which ap	proved copy of this form is to be sent)	
El Paso Natural Ga		P. O. Box 1384, Ja	1 Now Marria	
	Unit Sec. Twp. Rg		When	
If well produces oil or liquids, give location of tanks.		Yes	6-15 -59	
If this production is commingled	with that from any other lease or	pool, give commingling order number:		
. COMPLETION DATA	with that from any other rease or	poor, give comminging order name		
	Oil Well Gas W	Vell New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	(A)		i	
Date Spudded	Date Compl. 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	
		, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	E DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUEST		t be after recovery of total volume of load this depth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga-	s lift. etc.)	
Date First New Oil Adn 10 Idnks	Bate of 1985	reading Marines (1 terry pamp) Be-	,,,	
I and the second	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	I applied Establish	1 1000		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
Actual Fiba. During 1 est				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		1	,	

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

Operator

September 18, 1968

(Title)

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

APPROVED

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.