DISTRIBUTION SANTA FE									ONSERVATION COMMISSION				Form C-104 Supersedes Old C-104 and C-11		
FILE										R ALLOWABLE				Effective 1-1-65	
ŀ				AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
-	U.S.G.S.			AUTI	HORIZ	ATIO	N TO	TRA	NSPORT	OIL AND	IATURAL	GAS			
-	LAND OFFICE	·		À											
-	TRANSPORTER	OIL		-											
-		GAS	-+-	4											
-	OPERATOR			4				•							
1. <u> </u>	PRORATION OFF	FICE	i	<u> </u>											
- 1		il Cor	nnanv												
ł	Address		<u> </u>	Midland	. Tex	as	797	 01							
ŀ	Reason(s) for filing				,					Other (Please	explain)				
- 1	New Well				in Tra	sporte	r of:		İ						
	Recompletion	而		Oil				ory Gas	s 🗌						
- 1	Change in Ownership	。		Casing	head Ga	s 🗍	C	Conden	sate X						
	change of owners nd address of prev														
	DESCRIPTION O	F WEL	L AND	LEASE			- t 1 · - 4	F.			Kind of Lec	150		Legse No.	
İ	Lease Name				lo. Pool				ormation		State, Fede		- F	Lease No.	
Į	Linam Hardy	Las C	<u></u>	1		ubb	(Gas)			State, Fede	eral or re	re Fee		
	Location Unit Letter A	\	99	90 Feet I	From Th	eN	orth	Line	e and	330	Feet From	n The	East		
	Line of Section	29	То	wnship	215		Range	<u> </u>	37E	, ММРМ	,		Lea	County	
n. 1	DESIGNATION O	Transpor	ter of Oil		r Conder	sate	X		Address (py of this form	is to be sent)	
}	Texas-New Me	ine Company unghead Gas or Dry Gas X				Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)					is to be sent)				
	Northern Nat	ompany	mpany				Box 3316, Midland, Texa Is gas actually connected? When								
	If well produces oil give location of tan		1,		29	21	S	37E		Yes	<u>!</u>				
	f this production i		ngled wi	ith that from	any oth	ner lea	ase or	pool,	give comm	ningling orde	r number:			*	
۲.					Oil We	11	Gas W	rell	New Well	Workover	Deepen	Plug	Back Same	Restv. Diff. Restv	
l	Designate Ty	pe of C	ompletio	on $-(X)$	į		!		i	1	į	i	!	1	
	Date Spudded			Date Comp	l. Ready	to Pro	od.		Total Der	oth		P.B.	.T.D.		
								To all (Con Doub							
	Elevations (DF, RKB, RT, GR, etc.)			Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
ŀ	Perforations	<u>.l.</u>					J			Dep	th Casing Shoe				
					TUBI	NG, C	ASING	, AND	CEMENT	TING RECOR	D				
1	HOLE SIZE			CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
ŀ															
ŀ														,	
}	· · · · · · · · · · · · · · · · · · ·														
ļ												i			
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alicable for this depth or be for full 24 hours)												or exceed top alion		
Ī	Date First New Oil Run To Tanks			Date of Test				Producing Method (Flow, pump, gas lij			lijt, etc.	ii, eic.j			
ŀ	Length of Test			Tubing Pressure					Casing Pressure			Cho	Choke Size		
J	Actual Prod. During Test											i			

Gravity of Condensate Bbis, Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. 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.

Charles Gray (Signature)
(Signature) Proration Clerk
(Title)
September 1, 1972

(Date)

OIL CONSERVATION, COMMISSION APPROVED. Orig. Signed by Joe D. Ramey Dist. I, Supv.

This form is to be filed in compliance with sule 1104.

If this is a request for silowable for a newly drivied 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.

.