DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 S						
Operator (A. I. A. M. A.	Paragration								
NODI 411 Address	Midland, Lexas	11000 1							
Reason(s) for filing (Check proper bo	Midland, Lexas	0ther (Please explain)							
New We!1	Change in Transporter of:								
Recompletion Change in Ownership		singhead Gas Condensate							
If change of ownership give name									
and address of previous owner									
II. DESCRIPTION OF WELL AND	Vell No.; Pool Name, Including Fo	ormation Kind of Lease	Lease No.						
Ease Name E.D. Carson	20 Paddock		or Fee Fee						
	1.4 Feet From The West Lin	and 2014 Feet From T	he South						
Unit Letter; et d									
Line of Section 28 T	'ownship 2/-5 Range	37-E, NMPM, Lec.	2. County						
IL DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent)						
Name of Authorized Transporter of C	or Contensate	Ala.ess jone enseries in	1						
Name of Authorized Transporter of C	Casinghead Gas Z or Dry Gas	Box 1598 Hobbs N.A. Address (Give address to which approve							
	Unit Sec. Twp. Pge.	15 gas actually contracted? When	10 M. X8231						
If well produces oil or liquids, give location of tanks.	N 10 21-5 27F	yes FFT	CITVE JANUARY 31, 1977.						
If this production is commingled	with that from any other lease or pool,	wive commingling order number; over:	LLY OIL COMPANY MINOR						
IV. COMPLETION DATA Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Phy Back Same Res'v. Diff. Res'v.						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	Name of Producing Formation	Tcp Oil/Gas Pay	Tubing Depth						
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Polymetron								
Perforations			Depth Casing Shoe						
	TUBING, CASING, AN	D CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
W TEST DATA AND BEOUFST	FOR ALLOWABLE (Test must be able for this a	after recovery of total volume of load oil	and must be equal to or exceed top allow						
OIL WELL	able for this a	lepth or be for full 24 hours) Producing Mothed (Flow, pump, gas li,	fi, etc.)						
Date First New Oil Run To Tanks			Choke Size						
Length of Test	Tubing Pressure	Casing Pressure							
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas - MCF						
GAS WELL			Gravity of Condensate						
Actual Prod. Tost-MCF/D	Length of Test	Bbls, Condensate/MMCF							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
VI. CERTIFICATE OF COMPL!	ANCE	OIL CONSERV	ATION COMMISSION						
I hereby certify that the rules a	ad regulations of the Oil Conservation	APPROVED FEB 24 1972							
Commission have been complie above is true and complete to	ed with and that the information give the boat of my knowledge and belief	BYJoe D. Ramey							
~	. \	TITLE Dist. I							
1 mal		l	compliance with RULE 1104. wable for a newly drilled or despend anised by a tabulation of the deviation						
	Signature)	well, this form must be accomp tests taken on the well in acco							

Althory

-<u>1-</u>-21-

4<u>9</u>e

/(Title)

(Date)

22

1981		K 011	0.1 1										A States
	A 11			of	this	fom	must	Ъø	filled	out	complately	101	81.044
	¥11	8 H C	CIONE										
a 5 1 a	0.0	062	/ abd	re	comp	114.60	wells						

Fill out only Sections I. H. III, and VI for changes of owner, well name of number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed up the

t is i i i gi

RECEVED

FEB BS 1072 OIL CONSERVATION COMM. HOBBS, N. M.