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DISTRIBUTI	ON	
SANTA FE		
FILE		
U.S.G.S.		_
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

	DISTRIBUTION SANTA FE	NEW MEXICO OIL CO	ONSERVATION COMM	IScio.4	Form C-104 Supersedes Old C-104 and C-110
İ	FILE	1	AND	·5	Effective 1-1-65
Ì	U.S.G.S.	AUTHORIZATION TO TRAI		NATURAL GAS	
Ì	LAND OFFICE	SEP	7 3 33 11	7	
	TRANSPORTER OIL GAS		- 2000 4 44	. 1	
	OPERATOR				
1	PRORATION OFFICE				
	Operator				
	Address				
	P. O. Box 670, lik	bbs, New Mexico 88240			
	Reason(s) for filing (Check proper box	;)	Other (Pleas		
	New Well	Change in Transporter of:			lease name -
	Recompletion	Oil Dry Gas	s former	Ly L. T. Holo	rmack Lease
	Change in Ownership	Casinghead Gas Condens	sate		
	If change of ownership give name and address of previous owner			·	
II.	DESCRIPTION OF WELL AND	LEASE		Kind of Lease	Lease No.
	Lease Name	Well No. Pool Name, Including Fo	ormation	State, Federal or Fe	-
	W. T. NcComack	7 Tubb Gas		State, Federal Cr 1 e	
	Location		***		18A
	Unit Letter; _198	Feet From The South Line	e and <u>660</u>	Feet From The	Rast
		A3.0	rutte	Town	Saurate
	Line of Section 32 To	wnship 216 Range	37E , NMPI	ı, Lea	County
			_		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address	to which approved co	py of this form is to be sent)
	Name of Authorized Transporter of Shell Pipeline			10, Midland,	
	· -	_	Address (Give address	to which approved co	py of this form is to be sent)
	Name of Authorized Transporter of Congress Petroleum	rsinghead Gas 🔂 or Dry Gas 🗔		ilsa, Oklahqua	
	Northern Hatural	Can Ca. WP	Is des actually control	es. New Martie	•
	If well produces oil or liquids,	Unit Sec. Twp. Rge. 32 21S 37E	Yes		known
	give location of tanks.		<u> </u>		
	If this production is commingled w	ith that from any other lease or pool,	give commingling orde	er number:	
IV.	COMPLETION DATA		New Well Workover		Back Same Res'v. Diff. Res'v.
	Designate Type of Complet		i i i i i i i i i i i i i i i i i i i	1	
		Date Compl. Ready to Prod.	Total Depth	P.B	.T.D.
	Date Spudded	Date Compt. Reday to Ploa.	10.2.25		
	DE DED DE CD	Name of Producing Formation	Top Oil/Gas Pay	Tub	ing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 1 officiation	1.07 011, 0111		
			1	Dep	th Casing Shoe
	Perforations				
		TUBING, CASING, AND	CEMENTING RECO	RD	
		CASING & TUBING SIZE	DEPTH		SACKS CEMENT
	HOLE SIZE	CASING & 100 III 0 5.22			
	THE PARK AND DECLIESE	EOD ALLOWARIE (Test must be a	ifter recovery of total vo	lume of load oil and m	ust be equal to or exceed top allow-
V	. TEST DATA AND REQUEST OIL WELL	able for this de	epth or be for full 24 hou	ra)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	ow, pump, gas lift, etc	.)
	Length of Test	Tubing Pressure	Casing Pressure	Che	oke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Ga	-MCF
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF Gro	rvity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	rt-in) Ch	oke Size
	The state of the s				
	1		- Tr		
	CERTIFICATE OF COMPLET	NCE	_ OIL	CONSERVATIO	N COMMISSION
VI	. CERTIFICATE OF COMPLIA	NCE	OIL	CONSERVATIO	ON COMMISSION
VI		NCE d regulations of the Oil Conservation		CONSERVATIO	ON COMMISSION

VI

September 21,

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

1967

(Date)

(Signature)
Area Production Hanager (Title)

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.

NO. OF COPIES REC	EIVED		
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

-110

SANTA FE	NEW MEXICO (OIL CONSERVATION COMMISSION	10111 0 -104
FILE		EST FOR ALLOWABLE AND	Supersedes Old C-104 and (Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND NATUR	nu bunta
LAND OFFICE		THE RESERVE OF THE AND NATUR	RALJERY 3 12 43 PM '65
TRANSPORTER GAS			- 43 IN 65
OPERATOR	+		
I. PRORATION OFFICE	+		
Cperator			
Oulf Oil Corpore	tion		
Address P. O. There ACC 11	lables W		
Reason(s) for filing (Check props	lobba, New Marcico		
New Well		Other (Please explain	
Recompletion	Change in Transporter of:	No change oil	transporter - incorrectly
Change in Ownership		ry Gas	
		ondensate Short as Sho	11 Oll Corporation
If change of ownership give na and address of previous owner	ume		
and address of previous owner			
II. DESCRIPTION OF WELL A	IND LEASE		
Lease Name	Well No. Poo	l Name, Including Formation	Kind of Lease
Control Brinkerd	149	Drinkard	State, Federal or Fee
_	3040		
Unit Letter;	1980 Feet From The south	_Line andFeet F	From The Cast
Line of Section 32	, Township 218		
and of occiton	, Township Range	, NMPM,	County
I. DESIGNATION OF TRANSP	PORTER OF OIL AND NATURAL	CAS	
Name of Authorized Transporter of	or Condensate	Address (Give address to which of	approved copy of this form is to be sent)
Shell Pipeline Co	rporation	Best 1910, Midland,	Record Copy of this form is to be sent)
Name of Authorized Transporter o	f Casinghead Gas cr Dry Gas	Address (Give address to which a	approved copy of this form is to be sent)
Harren Petrologe			dahara
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	I 32 218 371		Unknown
If this production is commingled	d with that from any other lease or po	of, give commingling order number:	
COMPLETION DATA	Oil Wall Con Wal		
Designate Type of Compl	letion = (X)	l New Well Workover Deeper	Plug Back Same Resty. Diff. Resty
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
·		Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			tubing Depth
Perforations			Depth Casing Shoe
1101 5 6175	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
;			
TEST DATA AND REQUEST	FOR ALLOWARIE (Test must		
Off METT	able for this	e after recovery of total volume of load depth or be for full 24 hours)	oil and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Longth of Total			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.		
balling (cst	Oll-Bais.	Water-Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Complete
		Tondon Bate / MINICE	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
			Olive Glas
CERTIFICATE OF COMPLIA	INCE	OIL CONSERV	VATION COMMISSION
			VALION COMMISSION
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED MINI	, 19 65
Commission have been complied	i with and that the information given the best of my knowledge and belief.		any
~ ~	/		
(2006)	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TITLE	sor, Metrict A
104	7/10 1	This form is to be filed in	n compliance with RULE 1104.
	acene	If this is a request for all	owable for a newly drilled or deepened
	gnature)	well, this form must be accommended tests taken on the well in accommendation.	panied by a tabulation of the deviation
	Production Nanager Title)		must be filled out completely for allow-
(,		il at the	an error our combinities to allow-

July 13, 1965(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.

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