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TRANSFORTER	GAS		
OPERATOR		L	<u> </u>
PRORATION OF	RORATION OFFICE		<u> </u>

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AND OFFICE			
RANSPORTER GAS			
PRORATION OFFICE			
	formarly Souther	n Petroleum Explorat	ion, Inc.
44-000		Same	
Box 1434, Roswell,	New Mexico 88201		e change due to
eason(s) for filing (Check proper box)	Change in Transporter of:	merger with Pe	troleum Exploration
ew Well	Oil Dry Gas	into our paren	t company "The Wise
Change in Ownership	Casinghead Gas Conden	0.00	
			-
change of ownership give name address of previous owner			
ESCRIPTION OF WELL AND I	LEASE	ormation Kind of Lease	Lease No
ease Name	Well No. Pool Name, Including Fo	State, Federal	
Downes D		21.20	West
Unit Letter N 660	Feet From The South Lin		he
32	waship Range	37-E , NMPM,	Lea County
	TOP OF ON AND MATHRAL CA	.s	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx Box 2648, Houston,	ved copy of this form is to be sent)
Shell Pipe Line Co	rporation	Address (Give address to which appro-	ved copy of this form is to be sent)
Name of Authorized Transporter of Cas El Paso Natural Ga	s Company	Box 1492, El Paso,	Texas /9999
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 37-1	Yes	June 25, 1965
f this production is commingled with	th that from any other lease or pool,	give commingling order number:	not commingled
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Re
Designate Type of Completic			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Lievations (DI , RRD, RI , OR, ever)			Depth Casing Shoe
Perforations			
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be	after recovery of total volume of load oi depth or be for full 24 hours)	l and must be equal to or exceed top a
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date List Hen Oil ::m: 1-1			
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Casing Pressure Water-Bbls.	Choke Size Gas-MCF
Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.		
Actual Prod. During Test			
Actual Prod. During Test GAS WELL			
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls.	Water - Bbls.	Gas - MCF
Actual Prod. During Test GAS WELL	Oil-Bbls. Length of Test	Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gas-MCF Gravity of Condensate Choke Size
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Cil-Bbls. Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERVAPR 2	Gas-MCF Gravity of Condensate Choke Size
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIA	Length of Test Tubing Pressure (Shut-in) NCE	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERVA	Gas-MCF Gravity of Condensate Choke Size
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIA I hereby certify that the rules an	Coll-Bbls. Length of Test Tubing Pressure (Shut-in) NCE d regulations of the Oil Conservation give	Bbls. Condensate/MMCF Casing Pressure (Shut-in) On APPROVED APR 2	Gas-MCF Gravity of Condensate Choke Size
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIA I hereby certify that the rules an	Length of Test Tubing Pressure (Shut-in) NCE	Bbls. Condensate/MMCF Casing Pressure (Shut-in) On APPROVED APR 2	Gas-MCF Gravity of Condensate Choke Size

District Manager

April 7, 1971

(Title)

(Date)

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.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

A02 - 0 1971

OIL CONSERMATION COMM. HOBBS, B. M.