1	NO. OF COPIES RECEIVED				
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	SANTA FE				
	FILE				
-	U.S.G.S.				
	LAND OFFICE				
	FRANSPORTER	OIL			
	THAIRS! ON EN	GAS	,		
	OPERATOR				
	PRORATION OFFICE				
	Cperator				
	Mallard Petro.				
	Address				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST-I	REQUEST FOR ALLOWABLE			
U.S.G.S.		·	Effective 1-1-65		
LAND OFFICE	Jil 17 8	NSPORT OF AND NATURAL	· One		
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Mallard Petroleum, Inc.					
Mailaru Fetroreum, Inc.					
1206 V & J To	wer, Midland, Texas				
Reason(s) for filing (Check proper box) New Well Change in Transporter of:					
Recompletion	Oil K X Dry Gas	s <u> </u>	ust 1, 1967		
Change in Ownership	Casinghead Gas Conden	sate			
If change of ownership give name					
and address of previous owner					
ESCRIPTION OF WELL AND LEASE Lease Name					
Phillips-House State		se Drinkard	State, Federal or Fee State		
Location	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Unit Letter 0 : 1	.980 Feet From The east Line	e and <u>660</u> Feet Fro	m The south		
Line of Section 2 To	wnship 20_S Range	38-E NMPM Lea	County		
1,	20-0	<u>Den</u>			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					
Admiral Crude Oil Corp	oration —	Box 1345, Midland, To	exas		
Name of Authorized Transporter of Ca	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved				
	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	0 2 20 38	No.			
If this production is commingled wi	ith that from any other lease or pool,				
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Res		
Designate Type of Completi	on $-(X)$				
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		
, may kee, one, etely					
Perforations			Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	·				
	FOR ALLOWABLE (Test must be as able for this de	fter recovery of total volume of load of pth or be for full 24 hours)	oil and must be equal to or exceed top all		
OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas	i lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-3bls.	Gas-MCF		
0.40 11171					
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
. CERTIFICATE OF COMPLIAN		OIL CONSER	VATION COMMISSION		
. CERTIFICATE OF COMPLIAN	ICE	STE GOTTOER	_		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED , 19			
above is true and complete to the	with and that the information given ne best of my knowledge and belief.				
		TITLE			
<i>_</i>	,		This form is to be filed in compliance with RULE 1104.		
Thorne (C)	in fu Homer Olsen,	Y. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	neer	All sections of this form	All sections of this form must be filled out completely for allo		
t -	•	Fill out only Sections I	. II. III. and VI for changes of own		
Petroleum Engir (7 July 14, 1967	neer	well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.			

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.