	NO. OF COPIES RECEIVED						
	DISTRIBUTION						
	SANTA FE						
	FILE						
	U.S.G.S.		ļ				
	LAND OFFICE						
	TRANSPORTER	OIL					
	TRANSI ORTER	GAS					
-	OPERATOR						
	PRORATION OFF	ICE					
	Operator	Caryo	ratios				
	Address V J. J.A.	. 670,	ik.Dhs				
	Reason(s) for filing (Check pi	oper box)				
	New Well						
	Recompletion						
	Change in Ownership						
	If change of owners						

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS TRANSPORTER OIL									
	GAS									
I.	PRORATION OFFICE									
	Operator (1) (1) Corporation									
	Address 0. Dax 670, Baldon, Lew Contro 6770									
	Reason(s) for filing (Check proper box) New Well									
	New Well	Change in Transporter of:	ES DANS A JE	deut Flali Incos cant lock						
	Recompletion Change in Ownership		/ Gas	ds						
	If change of ownership give name	Instancementary 13.8		a desi A7%, P.(d.) acc., Pagas						
	and address of previous owner									
II.	DESCRIPTION OF WELL AND	D LEASE	Name, Including Formation	10.3.5						
	Lease Name	Canal Class.	if the sain a condition	Kind of Lease State State, Federal or Fee F-8244						
	Location	40	2/20							
	Unit Letter;	60 Feet From The north	Line and 1650 Fee:	From The <u>West</u>						
	Line of Section 11 , T	Township Range	, NMPM,	County						
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL								
	Name of Authorized Transporter of C	#II Condensate 日 別で記述せ、「対策の記載	Address (Give address to which	n approved copy of this form is to be sent)						
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give oddress to which	approved copy of this form is to be sent)						
	If well produces oil or liquids,	Unit Sec. Two, Ege.	is gas actually connected?	When .						
	give location of tanks.	K 11	4134	Addition \$6 - 167						
IV.	If this production is commingled we COMPLETION DATA	with that from any other lease or poo	ol, give commingling order numbe	er:						
	Designate Type of Complet	ion - (X) Oil Well Gas Well	Mew Weil Workover Deer	oen Plug Back Same Resty. Diff. Resty.						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	Pool	Name of Producing Formation	Pop Off/Gas Pay	Tubing Depth						
		Trans of Frontiering . Officiation	i sy olly out pay	Tubing Lepth						
	Perforations			Depth Casing Shoe						
	TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
	}									
V.	TEST DATA AND REQUEST I		e after recovery of total volume of lo	ad oil and must be equal to or exceed top allow-						
	ONL WELL Date First New Oil Run To Tanks	able for this Date of Test	depth or be for full 24 hours) Producing Method (Flow, pump,	gas lift, etc.)						
	Length of Test	Tubing Pressure	Continue Position							
	Length of 1991	rubing Plessure	Casing Pressure	Choke Size						
	Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF						
	!									
-	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	C						
			DDIS. Condensate MINICI	Gravity of Condensate						
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size						
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSE	ERVATION COMMISSION						
	* 1			APPROVED , 19						
	Commission have been complied	regulations of the Oil Conservatio with and that the information give he best of my knowledge and belief	n i i i i i i i i i i i i i i i i i i i							
	above is true and complete to th	The second my knowledge and benefit	The second second second							
			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.							
	(Sign	nature)								
-	$(-\infty)^{2}$, $(-\infty)^{2}$	itle)	All sections of this for able on new and recomplet	rm must be filled out completely for allowed wells.						
	(D	ate)		, III, and VI only for changes of owner, asporter, or other such change of condition.						
	·			must be filed for each pool in multiply						
			compreted wens.							

PIES RECEIVED DISTRIBUTION	NEW	MEXICO OIL	CONSERVAT	ION COA.	ON	FORM C-110		
	1	SANT	A FE, NEW M	EXICO		(Rev. 7-60)		
FFICE OIL SPORTER GAS JRATION OFFICE	CERTIFICATO TO T		APLIANCE TOIL AND	NATURAI		000		
ZRATOR	FILE THE ORIGI	INAL AND 4 C	OPIES WITH TH			// 3		
Company or Operator THE BRITISH AM RICAN	OIL PRODUCING	COMPANY			JALMAT FIELI SAND HNIT	" → J Men No.		
Unit Letter Section	Township 22	Range	35-E	County	LEA			
Pool JALMAT		- U · · · · · · · · · · · · · · · · · · 			(State, Fed, Fee)	ļ		
If well produces oil or cond give location of tank:	ensate	it Letter K	Section 11	Township	22 -S	Range 35-E		
Authorized transporter of oil K or co	ndensate IFE LIME COMPAI	NΥ			approved copy of ti MIDLAND, TE	his form is to be sent) XAS		
	Is Gas Actua	lly Connected		No				
Authorized transporter of casing head g	as K or dry gas	Date Con- nected	Address (give add	dress to which	approved copy of ti	his form is to be sent)		
PHILLIPS PETROLEUM	COMPANY	JUNE 1, 19	62 P.O.B	ox 6666,	ODESSA, TEX	. A.3		
If gas is not being sold, give reasons a	nd also explain its pres	ent disposition:						
REASON(S) FOR FILING (please check proper box) New Well								
					odu ci ng Comp	oury)		
4. Effective da te of this C-110, 7:00 A.M., JUNE 1, 1962 The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.								
	this the 31st da		May	, <u>19</u>				
	ION COMMISSION		By S		A ¬			
Approved by			Title	mo	n B·Z	report		
Title			Company	strict Cl	<u>erk</u>			
			Th	e British	n American C	vil Prod.Co.		
Date			Address					

P.O.Box 474, Midland, Texas