ł	DISTRIBUTION		ONSERVATION COMMISSION	
	ANTA FE		FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
1	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		AS
	TRANSPORTER OIL	-		
	OPERATOR	-		
1.	Operation OFFICE OPeration & Production Company			
	Address			
	P.O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) New Well Other Please explain on Gas Transporter of			
	New Well	Change in Transporter of:		Gas Transporter
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder		
	If change of ownership give name and address of previous owner			
п.	DESCRIPTION OF WELL AND			
	Lease NameWell No.Pool Name, Including FormationKind of LeaseLease No.State "A" A/C 247South Eunice 7 Rvrs. Queen State, Federal or FeeStateNM2A			
	Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> ine and <u>1980</u> Feet From The <u>West</u>			
	-	wnship 22-S Bange	36-E NMPM. Lea	
1 77	······································			County
11.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cli X or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Shell PipelineCorp. Name of Authorized Transporter of Casinghead Gas 🔍 or Dry Gas 🗔		P.O. Box 1509, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)	
	Phillips Pipeline Co). Unit Sec. Twp. Rge.	4001 Penbrcok, Odessa	
	If well produces oil or liquids, give location of tanks.	N 5 22 36	Yes	4-13-73
	If this production is commingled wir COMPLETION DATA	th that from any other lease or pool,		
	Designate Type of Completio	on - (X)	New Well Warkover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cll/Gas Pay	Tubing Depth
	Perforations	1	<u> </u>	Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				· · · · · · · · · · · · · · · · · · ·
l				· · · · · · · · · · · · · · · · · · ·
	`EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Cil Eun To Tanks	Date of Test	Producing Method (Ficw, pump, gas lift	, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
·	Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas - MCF
1	GAS WELL	<u></u>	/ <u></u>	
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION APPROVED APR 5 1982	
			BY OLGONAN THORAGE BY BABBY LOWING	
	$ \sim \sqrt{2}$		TITLE	moliance with RULE 1104.
-	Let milen (Signature)		If this is a request for allows	able for a newly drilled or deepened ied by a tabulation of the deviation
_	Acct. Asst. II		tests taken on the well in accord	the filled out completely for allow-
	3-19-82 (Title)		able on new and recompleted wel	18.
			Fill out only Sections I. II.	III, and VI for changes of owner, r, or other such change of condition.

RECEIVED

APR 1 1982 O.C.D. Houbs office