ار _ا المحمد ا	NO. OF COPIES RECEIVED DIST-RIBUTION SANTA FE FILE	REQUEST FO	NSERVATION COMMISS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	.5
1.	OPERATOR PRORATION OFFICE			
1.	Operator (" FULL VIAL DIL CUMERNY			
	Address Box 460 Hobbs N. M. 88240			
	Box 460 Hobbs N. M. 80240 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condense		
ł	If change of ownership give name			
	and address of previous owner THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR			
	DESCRIPTION OF WELL AND LEASE No. 11 THIS CIFICS. Lease Name Well No. Pool Name, Including Formation R-5124 Kind of Lease Lease No. DARKED UNIT A/C/ 33 Blivebry OIL Y GAS R-5124 State, Federal or Fee LC 03/6956			
	Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The West			
	Line of Section 27 Tow	mship 20-5 Range	38-6, NMPM, 2	en County
111.	Name of Authorized Transporter of Cil		Address (Give address to which approve	
Shell Pirelive Compitua Mid Ind Telas Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approv			ed copy of this form is to be sent)	
	WARREN PETRopeum		MUNUMENT N. m. Is gas actually connected? When	
	If well produces oil or liquids, give location of tarks.			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well, Gas Well, Workover Deepen Plug Back Same Resty, Diff. Resty.			
	Designate Type of Completic	on = (X)	X	
	Date Spudded 7-12-75	Date Compl. Ready to Prod. 8-23-75	Total Depth 7050	P.B.T.D.
	Elevettens (DE PKP PT CP	Name of Producing Formation	Top Oil/Gas Pay 5900	Tubing Depth 6109
	$\begin{array}{c} \hline Blivebry (01L + 645) \\ \hline 3549 \\ \hline Blivebry (01L + 645) \\ \hline 5400 \\ \hline \\ Depth Casing Shoe \\ \hline 7050 \\ \hline \end{array}$			Depth Casing Shoe 7050
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	1242	74	7050	1225
		2 1/8	6109	
70 T 19 -	TEST 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.)			
	Date First New OL Run To Tanks 8 - 2 44-75	Date of Test 9 - 7 - 75	FLOW	Choke Size 14/64
	Length of Test	Tubing Pressure 50 #	Casing Pressure	Choke Size 14/64
	L 4 1-1RS Actual Prod. During Test	OU-Bbls.	Water-Bbls.	Gas-MCF 2 7
		188	12	7
GAS WELL				
	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		OIL CONSERVATION COMMISSION	
	E parapy certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given access is true and complete to the best of my knowledge and belief.		APPROVED	unyan
			Coout	with the second s
			TITLE This form is to be filed in a	compliance with RULE 1104.
	15 Dellevier		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or dependent of the deviation	
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	iTule)		All sections of this form must be filled out completely for allow able on new and recompleted wells.	
	G-16-03		Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporten or other such change of condition	
	and an solar file.		Separate Forma C-104 must be filed for each pool in multiply completed wells.	