HO. OF COPIES RECE	IVEU		
DISTRIBUTION			
SANTA FE			_,
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
IMANSPORTER	GAS	l	
OPERATOR			

111

NO. OF COPIES RECE	IVED		~				
DISTRIBUTION		IEW MEXICO OIL CO	IEW MEXICO OIL CONSERVATION COMMISS Form C-104				
SANTA FE			OR ALLOWABLE		persedes Old C-104 and C-110 fective 1-1-65		
FILE			AND	E.I	*#C***A		
U.S.G.S.			AUTHORIZATION TO TRA	SPORT OIL AND NATUR	RAL GAS		
LAND OFFICE			ACTIONIZATION TO THE				
- TAND OFFICE	OIL						
TRANSPORTER	GAS						
	0.70						
PROPATION OFF							
Operator /	- ICE						
Operator //	1	-/.	li Co				
Lon	un	inter					
Address	-0	///	Horn hm.	88248			
	W.	900	1270.0	Och (Dieses explai	n)		
Reason(s) for filing	(Check)	roper ook;	Change in Transporter of:	01.	· nam		
New Well	H			Change &	1	- n/a	
Recompletion	⊢		Oil Dry Gai	sate Tomers	Navan Ux	x 4/c/	
Change in Ownershi	₽		Casinghed Gas	<u> </u>			
If change of owners	ehio cir	e name					
If change of owners and address of pre-	vious or	vner					
DESCRIPTION C	F WEI	L AND L	EASE Well No. Pool Name, Including F	ormation Kind	of Lease	Lease No.	
11000			Well No.; Pool Name, mercang.	·····	Federal or Fee	C063458	
WARRES U.	U11 B	liveben bil	4139 Blinesey OIL	2645	<u> </u>		
Location				//	^	. reth	
Unit Letter	B	. 198	O Feet From The EAST Lin	e and 660 Fee	t From The	8.07.1	
Unit Letter		_ /		د م ت	100	County	
Line of Section	34	Town	nship Jo-S Range 3	S-E, NMPM,	J 44	County	
	- y						
DESIGNATION (OF TR	ANSPORT	ER OF OIL AND NATURAL GA	IS		(this form is to be sent)	
Name of Authorized	Transp	orter of Cil	or Condensate			this join is so or selle,	
i	_			MidlAND Tex	45	the first teacher and	
Shew !	Transn	orter of Cast	inghead Gas 🔽 or Dry Gas 🗔	Address (Give address to whi	ch approved copy o	f this form is to be sent/	
(20174 01C	•			Wannes Pernsieur	<u></u>		
WARREN			Unit Sec. Twp. Pge.	Is gas actually connected?	When		
If well produces of	l or liqu	ids,	L 33 20 38	441	3-1	3-76	
give location of tar	r.ks.		, — <u> </u>	ning and ing order num	ber:		
If this production	is comm	ningled wit	h that from any other lease or pool,	give comminging order nam			
. COMPLETION !	DATA_		Oil Well Gas Well		epen Plug Ba	ck Same Res'v. Diff. Res'v.	
Designate T	une of	Completio	, 0		į		
Designate 1	ype or			Total Depth	P.B.T.I	D	
Date Spudded			Date Compl. Ready to Prod.	10.0.25			
				Top Oil/Gas Pay	Tubing	Depth	
Elevations (DF, R	KB, RT,	GR, etc.;	Name of Producing Formation	Top On/Gus Pu/			
					Depth C	Depth Casing Shoe	
Perforations							
			TUBING, CASING, A	D CEMENTING RECORD		SACKS CEMENT	
101	E SIZE		CASING & TUBING SIZE	DEPTH SET		JACKS CEMENT	
		011555	OP ALLOWARIE /Test must be	after recovery of total volume of	f load oil and must	be equal to or exceed top allow	
	ND RE	QUEST F	OR ALLOWABLE (Test must be able for this	depth of be jor juli 24 nours)			
OIL WELL		o Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)		
Date First New C	Aun .	_ ,					
			Tubing Pressure	Casing Pressure	Choke	Size	
Length of Test			. annual				
<u> </u>			Oil - Bhis	Water - Bbls.	Gas-N	MCF	
Actual Prod. Dur	ing Test		Oil-Bble.				
İ							
' <u></u>							
GAS WELL				Bbls. Condensate/MMCF	Gravit	y of Condensate	
Actual Prod. To	et-MCF	P	Length of Test	Date. Condendate Minici			
1				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2) Choke	Size	
			Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	.,		

GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			TINT COMMISSION

TI 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.

,		
BOUCE		
for the	(Signature)	
Ar Stall	ant	
41111	(Title)	

Mnocc 6/45656/N/n fully file

OIL CONSERVAT 197 COMMISSION

	W. W	19
APPROVED		,
5 V	Orig. Signed by	
BY	John Runyan	
	Contanion	

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.

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.

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

RECEIVED

APR 131977

CIL COME LARGE COMM, HOBBS, N. M.