HO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

DISTRIBUTION SANTA FE FILE	REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE		SPORT OIL AND NATURAL G	AS		
Operator / T	101 C				
Address Sox 460 1	1011 G 1214 hm 88240	Other (Please explain)			
Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Change in Vormerly We	and Unit		
and address of previous owner	V C ACE				
II. DESCRIPTION OF WELL AND Lease Name WARREN UNIT BLINEAU BT.	Well No. Poor Hame, metaling		Dor Foo LC 63/475(6)		
Unit Letter I : 19	80 Feet From The South Line		The EAST County		
Line of Section 27 To	ownship 20-5 Range	38. E , NMPM, L	County		
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GAS	miliand Texas			
Name of Authorized Transporter of C	asinghead Gas 🗷 💮 or Dry Gas 🗔	Address (Give address to which approved copy of this form is to be sent)			
WALLES PETERSEUM		mo sume of NM	Mo June of NM		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	405 12-31.76			
If this production is commingled vIV. COMPLETION DATA	with that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Complete					
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		
Perforations			Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this d	epth or be jor juli 24 nours)	il and must be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ujt, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
CACUETY			Complete of Condessors		
Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate		
Testing Method (picot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
"I. CERTIFICATE OF COMPLI		APR L4	VATION COMMISSION		
I hereby certify that the rules and regulations of the information given		do Signed by			
shove is true and complete to the best of my knowledge and belief.		. BY	BY Kunyan		
<i>a o</i> -			in compliance with RULE 1104.		
S Quelini	Signature)		npanied by a tabulation of the deviation cordance with RULE 111.		

Stoff and
(Signature)

Stoff and
(Title)

4-12-77

vmocc (5) (1565(x) vmfu (4) file

tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for sllow-able 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

APT. 131977

OIL CONSTRUCTION COMM. HOBBS, N. M.