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T .	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST F	ENSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	Conco Juc. Address Box 460, Hobbs 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		nal allowable for full 1979	
	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo		Of Bease Dieme	
	Warren Unit Letter L : 1980	59 Warren Tub	b Oil State, Federal o		
III.	Name of Authorized Transporter of Oil	or Condensate	S Address (Give address to which approve Midland TS	d copy of this form is to be sent)	
	Shell Pipeline Co.		Address (Give address to which approve	d copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	_	
	give location of tanks.	A 35 20 38	ves	5-23-19	
	If this production is commingled wit COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff, Resty.	
	Designate Type of Completio		X Bestern	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. (0 % I ら '	
	3-24-79 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3546' GL Perforations 6547',50,56,61, 6719,6724 W/1 35PF	Tubb 65,68,6632,35,38,43,5	65461	G708' Depth Casing Shoe	
	6119,6129 W/1 33FF		CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	17'/4" 8 ³ /4"	7"	6866	1300 54	
	8 74	23/8"	6708'		
		1'/4"	6430'		
V.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a opth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
	5-7-79	5-23-79 Tubing Pressure	Flow Casing Pressure	Choke Size	
	Length of Test ZU hes.	₩A	NA	NA	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 385	
		22	13	807	
	GAS WELL			Gravity 39.0	
	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	
VI	. CERTIFICATE OF COMPLIAN		JUL 2	TION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			By Generallon		
	above is true and complete to the best of my knowledge and belief.		TITY SOR DISTRICE!		
			This form is to be filed in compliance with RULE 1104.		
	Bu D. lee		To this is a sequent for allow	able for a newly drilled or deepened ited by a tabulation of the deviation	
	(orga	ature) ative Supervisor	tests taken on the well in accord	iance with RULE 111.	

Ben 1	&. lee	
	(Signature) Administrative Supervisor	
	(Title)	

(Date) MMOCOCS) NMFUCY) USGS(Z) FILE 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.