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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	AND	
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
	TRANSPORTER OIL			
	GAS			
	OPERATOR			
I.	Operator O	<u> </u>		
		One		
	Address P () P 11	Ca ////		
	Sox to	60 Hobbs Yku	Modier SS240 Other (Please explain)	
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	ne allowable of 3210 month of Sent. 1979
	Recompletion	Oil Dry Gas	require term	me on the of Sent 1979
	Change in Ownership	Casinghead Gas Conden	sate Dames for	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND	LEASE.		
Lease Name Well No. Pool Name, Including Formation Kind of Lease				
	Location B - 20	1 Blinely al	State, Fecer	ald Fee (C 031670 (b)
	Unit Letter ; 198	Feet From The North Line	e and <u>1980</u> Feet From	The < West
	Line of Section 20 Tow	vnship 205 Range	38E, NMPM, JE	County
II.		TER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Cil	· /	Address (Give address to which appr	oved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	Curface (10mm) Chis	Address (Give address to which appr	oved copy of this form is to be sent)
	Warren Pet	uleum Co.	Lalabs New	Melio
:	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	hen
		th that from any other lease or pool,	give commingling order number:	
٧.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Designate Type of Completion	$\operatorname{on} = (X)$		
	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		L	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	11022 0.22			
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oi	l and must be equal to or exceed top allow-
	Oll. WELL Date First New Oil Run To Tanks	able for this dep	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
	Bato i not tow our item to raine			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
	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
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	TION COMMISSION
VI. CERTIFICATE OF COMPETATOR		Ornor 1000		
	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.		APPROVED Signed by	
			BY erry Sexton	
 		Dist 1. Supr.		

(Title) 20-79 (Date)

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.

NMOCOLS), NMFULY, USGS(2), File