₩0	NO. OF COPIES RECEIVED			
	DISTRIBUTION			
SAI	SANTA FE			
FIL	FILE			
U.S	U.S.G.S.			
LA	LAND OFFICE			
	ANSPORTER	OIL		
'*	INANSPORTER	GAS		
OP	OPERATOR			
PR	PRORATION OFFICE			

- 1	HO. OF COPIES RECEIVED			
t	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMIION	Form C-104
- }	SANTA FE	7		Supersedes Old C-104 and C-110
1		4 KEQUESI I	FOR ALLOWABLE	Effective 1-1-65
	FILE	4	AND	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	5
	LAND OFFICE			
	OIL			
	TRANSPORTER GAS	-		
		4		
	OPERATOR	4		
1.	PRORATION OFFICE			
	Operator	3 T T		
	MORRIS R. ANTW	SIL.		
	Address			
	P. O. Box 2010	Hobbs, New Mexic	o 88240	
		· · · · · · · · · · · · · · · · · · ·	Other (Please explain)	
	Reason(s) for filing (Check proper box		Offier (I tease explain)	
	New Well	Change in Transporter of:		1
	Recompletion	OII Dry Gas	s ☐ Connect Gas Sa	iles Line
	Change in Ownership	Casinghead Gas Conden	sate	1
	Change in Ownership			
	.c.			
	If change of ownership give name and address of previous owner			
	and address of previous owner			
	DESCRIPTION OF HELL AND	T ID A CID		
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	Lease Name	1 !	1	l =
	Federal "7"	l Drinkard, B	Slinebry State, Federal o	Fee Federal NM38473
	Location			}
	D 64	80 - North	, 990 5 The	West
	Unit Letter D ; Ot	O Feet From The NOLLII Line	e and 990 Feet From The	WESC
			7	
	Line of Section 7	waship $21S$ Range 3	BBE , NMPM, Lea	County
	DECICNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	
111.	Name of Authorized Transporter of Oil	NA or Condensate	Address (Give address to which approved	copy of this form is to be sent)
	}			· · · · · · · · · · · · · · · · · · ·
	The Permian Cor	<u>rporation</u>	P. O. Box 1183, Hous	Scott, IA //OUI
	Name of Authorized Transporter of Ca	singhead Gas XX or Dry Gas		
	Getty Oil Compa	any	P. O. Box 1137, Eun	ice, <u>NM 88231</u>
		Unit Sec. Twp. Rge.	Is gas actually connected? When	
	If well produces oil or liquids,		Voc	ovember 23, 1983
	give location of tanks.	D 7 21S 38E		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number: Di	HC-416
	COMPLETION DATA	•		
. v .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic	on - (X)		i i
			Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Deptil	1211121
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				Depth Casing Shoe
	Destarriana			
	Perforations			
	Perforations			
	Perforations	TUBING, CASING, AND	CEMENTING RECORD	
	Perforations HOLE SIZE	TUBING, CASING, AND		SACKS CEMENT
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
v.	HOLE SIZE TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE (Test must be a)	CEMENTING RECORD	SACKS CEMENT
V.	HOLE SIZE TEST DATA AND REQUEST FOIL WELL	CASING & TUBING SIZE OR ALLOWABLE (Test must be a) able for this de	DEPTH SET DEPTH SET fter recovery of total volume of load oil an pth or be for full 24 hours)	SACKS CEMENT SACKS CEMENT I must be equal to or exceed top allow-
v.	HOLE SIZE TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE (Test must be a)	D CEMENTING RECORD DEPTH SET fter recovery of total volume of load oil an	SACKS CEMENT SACKS CEMENT I must be equal to or exceed top allow-
v.	HOLE SIZE TEST DATA AND REQUEST FOIL WELL	CASING & TUBING SIZE OR ALLOWABLE (Test must be as able for this de	fter recovery of total volume of load oil an opth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	SACKS CEMENT I must be equal to or exceed top allowetc.)
V.	HOLE SIZE TEST DATA AND REQUEST FOIL WELL	CASING & TUBING SIZE OR ALLOWABLE (Test must be a) able for this de	DEPTH SET DEPTH SET fter recovery of total volume of load oil an opth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	SACKS CEMENT SACKS CEMENT I must be equal to or exceed top allow-
V.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE OR ALLOWABLE (Test must be as able for this de	OCEMENTING RECORD DEPTH SET fter recovery of total volume of load oil an pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure	SACKS CEMENT If must be equal to or exceed top allowetc.) Choke Size
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V.	HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be a) able for this de Date of Test Tubing Pressure	DEPTH SET DEPTH SET fter recovery of total volume of load oil and pith or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure Water-Bbls.	SACKS CEMENT If must be equal to or exceed top allowetc.) Choke Size
V.	HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be a) able for this de Date of Test Tubing Pressure Oil-Bbls.	DEPTH SET DEPTH SET fter recovery of total volume of load oil an pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure Water-Bbls.	SACKS CEMENT i must be equal to or exceed top allowetc.) Choke Size Gas-MCF
V.	HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	CASING & TUBING SIZE OR ALLOWABLE (Test must be a) able for this de Date of Test Tubing Pressure Oil-Bbls. Length of Test	DEPTH SET DEPTH SET fter recovery of total volume of load oil an opth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure Water-Bbls. Bbls. Condensate/MMCF	SACKS CEMENT i must be equal to or exceed top allowetc.) Choke Size Gas-MCF
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VI.

(Signature) Agent

(Title)

November 28, 1983

well, this form must be accompanied by a tabulation of 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.

