- 1	NO. OF COPIES RECEIVED		
	DISTRIBUTIO	ON	
	SANTA FE		
	FILE		
	U.S.G.S.		
	LAND OFFICE		
	TRANSPORTER	OIL	
		GAS	
	OPERATOR		
1.	PRORATION OFFICE		
	Operator	·	

}	DISTRIBUTION		ONSERVATION COMMILLION	Form C-104
	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
ļ	FILE		AND	2
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (	GAS
	LAND OFFICE			
- [	I RANSPORTER OIL			
	GAS			
- 1	OPERATOR			
	PRORATION OFFICE			
1.	Operator			
	MORRIS R. ANTWE	TT.		
		L11		
	Address	N M 00240		
		, New Mexico 88240		
	Reason(s) for filing (Check proper box)	•	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Gas	s [	
	Change in Ownership	Casinghead Gas Conden	sate	
	Citalize in Ownership			
	If change of ownership give name			
	and address of previous owner			
	•			
II.	DESCRIPTION OF WELL AND 1	LEASE	2	
	Lease Name	Well No. Pool Name, Including Fo	ormation 1-6724 Kind of Leas	e Lease No.
	NADINE	1 MEST NADINE BI	TNERRY 3-(-8) State, Federa	nlor Fee Fee
		1 WEST NADINE BL	INFRKY 3 1 31	
	Location	37 11.	000	Each.
	Unit Letter A ; 99	O Feet From The North Line	e and 990 Feet From	The Last
	Line of Section 5 Tow	mship 20-S Range	38-E , NMPM,	Lea County
***	DESIGNATION OF TRANSPORT	TED OF OIL AND NATIONAL CA	c	
III.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent!
			,	
	THE PERMIAN CORPORA		Box 1183, Houston, T	
	'Name of Authorized Transporter of Cas	inghead Gas 🔀 💮 or Dry Gas 🦳	Address (Give address to which appro	ved copy of this form is to be sent)
	WARREN PETROLEUM CO	<b>M</b> PANY	Box 1589, Tulsa, OK	74102
		Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
	If well produces oil or liquids, give location of tanks.	A 5 30 38	yes	June 1, 1981
		<del> </del>		oute 1, 1301
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA		T	
	D Town of Completion		New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.
	Designate Type of Completio	$\mathbf{x} = (\mathbf{x})$	\ X \ \	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	1 November 1980	8 April 1981	7150'	6135'
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				' '
	3588' GR	BLINEBRY	6080'	6080'
	Perforations			Depth Casing Shoe
	6080' - 6115' (15 Holes)			7150'
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12-1/4"	8-5/8"	1500'	750
		5-1/2"	7150'	1050
	7-7/8"	<del>• • • • • • • • • • • • • • • • • • • </del>		1030
		2-3/8"	6080'	<del></del>
		<u> </u>	<u> </u>	<u> </u>
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)
		7 April 1981	Pump	1
	4 January 1981	Tubing Pressure	Casing Pressure	Choke Size
			_	
	24		Water - Bbls.	Gas - MCF
	Actual Prod. During Test	Oil-Bbls.	•	
		30	3	4.27
	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
	lesting Method (pitot, back pr.)	I dbing Piesewe (Baue-In )		0.020 0.10
			<u> </u>	
VI.	CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		ATION COMMISSION
	CLITICIDE OF COMPARING			
			APPROVED	, 19
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.				
			BY	
			TITLE Det 1000	
	· · · · · · · · · · · · · · · · · · ·		TITLE Det 1	
	, /		11	
	///////////////////////////////////////	0	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Munday	aucur _		
	(Sign	ature)		
	Controller		All sections of this form must be filled out completely for allow-	
		tle)	able on new and recompleted w	relia.
	June 2, 1981		Fill out only Sections I. II. III. and VI for changes of owner,	
				ter or other such change of condition.

(Date)

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.