NO. OF COPIES RECI	LIVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

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	DISTRIBUTION SANTA FE	NEW MEXICO OIL (Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS.			
	LAND OFFICE	AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL	GAS	
	TRANSPORTER GAS				
	OPERATOR	-			
1.	PRORATION OFFICE				
	Operator MORRIS R. ANT	MD TT			
	Address MORKIS R. ANI	MEIT			
	Box 2010, Hob	bs, New Mexcio 88240			
	Reason(s) for filing (Check proper box			AS MUST NOT BE	
	New Well	Change in Transporter of:	FLAMED ASKER	6/1/8/	
	Recompletion Change in Ownership	Oil Dry G	UNLESS AN ENC	EPTION TO RACTO	
	THIS WELL HAS BEEN BY ACED IN THE				
	If change of ownership give name and address of previous owner	NOTES THIS OF	EDITE IN THIS WAY ON THE		
11	DESCRIPTION OF WELL AND	19/ 1 4	Jadini Eline	La ca	
11.	Lease Name	Well No. Pool Name, Including F			
	ROBERTS	l Undesignat	ed State, Federa	dor Fee Fee	
	Location D GGG	0 - 13	660		
	Unit Letter P; 660	Feet From The South Lin	ne and 660 Feet From	The East	
	Line of Section 5 To	wnship 20-S Range	38-E , NMPM,	Lea County	
				- County	
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro-	ued copy of this form is to be cost)	
	THE PERMIAN CORPOR	_	Box 1183, Houston,	· · · · · · · · · · · · · · · · · · ·	
	Name of Authorized Transporter of Car	singhead Gas 🔏 or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)	
	WARREN PETROLEUM C		Box 1589, Tulsa, O	К 74102	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en	
		1 1 1 30	No.		
	COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completic	$\operatorname{On} - (X)$ Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	S Total Depth	P.B.T.D.	
	7 December 1980	20 April 1981	7150'	7110'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3582 ' GR	BLINEBRY	6006'	6000 '	
	Perforations 6006' - 6056' (18	Holes)		Depth Casing Shoe 7150'	
	0030 (10		D CEMENTING RECORD	/150	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4" 7-7/8"	8-5/8"	1500 '	750	
	/-//8"	5-1/2" 2-3/8"	7150' 6000'	1050	
		2-3/8	8000		
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-	
i	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t. etc.)	
	13 January 1981	19 April 1981	Pumping	,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Pump	Water-Bbls.	Gas • MCF	
	Actual Prod. During 1981	115	18	106.7	
,		1	10	100,	
,	GAS WELL				
j	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 COMPLIANO	CE	OIL CONSERVA	TION COMMISSION	
			OIL CONSERVATION COMMISSION MAY 1 1981		
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.		S. 1. VI. (10 A			
		BY Alship M. (Laments)			
			TITLE OIL & GAS INSPECTOR		
	(Signature)		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.			
Production Clerk (Title)					
-	April 30, 1981		Fill out only Sections I, II, III, and VI for changes of owner,		
(Date)			well name or number, or transporter, or other such change of condition.		

well name or number, or transporter, or other such changes of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.