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DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE AND REPRESENTED TO SUPPLY			
FILE				
U.S.G.S.		AND FEB 24	dless -	
LAND OFFICE	AUTHORIZATION TO TR	AND FEB 21 ANSPORT OIL AND NATURAL	- GAST AH ICT	
TRANSPORTER GAS			. 07	
OPERATOR				
PRORATION OFFICE Operator				
Address	801 West Texas			
postanced value value v	tanin, or Comi c a			
Reason(s) for filing (Check proper bo		Other (Please explain)		
New Well	Change in Transporter of: Oil Dry G			
Recompletion Change in Ownership	·	EFFECTIVE MARCH 1, 1967		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE. Well No. Pocl Name, Including	Formation Kind of Le	ease Lease	
Lease Name		State Fed	orgi or Fee	
Location Location	<u>j i, ; , A, , i, , A, ,</u>	Line San	1921	
Unit Letter; 66	Feet From The S	ne and Feet Fro	om The	
Line of Section 2. To	wnship 21 Range 3	, NMPM, Lea	Co	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	proved copy of this form is to be sent)	
Name of Authorized Transporter of Oi THE PERMIAN CORPORA		P. O. BOX 3119, MI	DLAND, TEXAS 79701	
Name of Authorized Transporter of Co	 -	Address (Give address to which app	proved copy of this form is to be ser.	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	ith that from any other lease or pool	, give commingling order number:		
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top	
OIL WELL Date First New Oil Run To Tanks	able for this o	Producing Method (Flow, pump, gas	s lift, etc.)	
(7)	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test		Water - Bbls.	Gas - MOF	
Actual Prod. During Test	Oil-Bbls.	water- bois.	Gus-WO1	
GAS WELL		Thus Control ANCE	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	ICE		VATION COMMISSION	
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.		1 ,	APPROVED, 19	
		BY		
		TITLE		
Vilas V	helon	This form is to be filed	in compliance with RULE 1104. lowable for a newly drilled or dee	
	V	well, this form must be accom	,,	

(Date)

Co Owner (Title)

2-23-67

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.