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SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
THANS! ON ER	GAS				
OPERATOR					
PRORATION OFFICE					

(Title)

(Date)

SANTA FE					NEW MEXICO OIL CONSERVATION COMMISSION For				
	FILE			KEQUES!	FOR ALLOWABLE AND	Supersedes Old C-104 and C-11 Effective 1-1-65			
	U.S.G.S.	· ·· · · ·	GAS						
	LAND OFFICE				ANSPORT OIL AND NATURAL	0.00			
	TRANSPORTER	OIL							
		GAS							
	PRORATION OFF	105	├ 	-					
I.	Operator	ICE	<u> </u>						
	ა. ₽	. Si	IMS						
	Address								
				46, Hunice, New Hexi	co_88 231				
	Reason(s) for filing (Check p	proper box	•	Other (Please explain)				
	New Well	H		Change in Transporter of:	Fil Effective October 1, 1967				
	Recompletion Change in Ownership	X		Oil Dry G					
	Change in Ownership	<u></u>		Cdainghead Gas Conde	ensate				
	If change of owners	hip giv	e name	Surpre E Dibant - Da	prator for Jose C.	Carriage of the Electrical Control of the Control o			
	and address of previ	lous ow	/ner	Dyols a percit - wy	Classic Co.	Syers t. J. F. Shaduth			
II.	DESCRIPTION OF	F WEL	L AND	LEASE					
	Lease Name			Well No. Pool Name, Including F	l l				
	Gulf Stat	E		2 San Simon "	stes North State, Fede	ral or Fee Atata 85392			
	Location		_						
	Unit Letter L		: 1980	Feet From The SOUTH LI	ne and <u>050</u> Feet From	The JOST			
	Line of Section	33	Та:-	waship 215 Range 3	55 , NMPM,	Let County			
	Line of Section		100	whamp 12 to runge J	, NMFM,	Lott County			
Ш.	DESIGNATION OF	TRA	NSPOR1	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized T					oved copy of this form is to be sent)			
	The Permi				P.O.Box 3110, 1401	க ப ், T லைக ் 70701			
	Name of Authorized T			-	,	oved copy of this form is to be sent)			
	Phillips	Futi	<u>vleu</u>		Is gas actually connected? W	oklanoma 74004			
	If well produces oil o give location of tanks		в,	Unit Sec. Twp. Rge.		nen			
	give location of tanks	••		1 5 1 35 1 21 1 35	Yes				
	If this production is COMPLETION DA		ngled wit	th that from any other lease or pool,	give commingling order number:				
				Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type	e of C	ompletio	on = (X)					
	Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
		_							
	Elevations (DF, RKB,	, RT, G	R, etc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations	 -		<u> </u>		Depth Casing Shoe			
	Periordions					Depth Cusing Shoe			
	 	· · ·		TUBING, CASING, AND	D CEMENTING RECORD				
	HOLE S	SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	····					<u> </u>			
	TEST DATA AND	REQU	JEST FO			l and must be equal to or exceed top allow-			
i	OIL WELL Date First New Oil R	un To T	'ank s	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift. etc.)			
	210 1 110 110 110 110					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
- 1	Length of Test		Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During T	est		Oil-Bbls.	Water-Bbls.	Gas-MCF			
.	· · · · · · · · · · · · · · · · ·				<u> </u>				
r	GAS WELL Actual Prod. Test-M	CE (C)		Length of Test	Bbls. Condensate/MMCF	Complete of Condensate			
,	Actual Prod. 1461-M	CF/D		Length of Test	Bbis. Condensate/MMC	Gravity of Condensate			
ŀ	Testing Method (pitot	. back I	or.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,	(020)					
VI	VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION COMMISSION				
V 4.					4.7.7.4				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			ith and that the information given					
				best of my knowledge and beilel.					
	Signature) G. P. Sins				TITLE 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 accompa	anied by a tabulation of the deviation			
OWNER					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 emacr, 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.

Foce Chido Superhados Ald Chile and Little Chieffeet Leess

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