HO. OF COPIES REC	EIVEO		
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.			<u> </u>
LAND OFFICE			
TRANSPORTER	OIL		
- TRANSPORTER	GAS		
OPERATOR			
PRORATION OFFICE			

Distribution	<del>-    </del> .	NEW MEXICO OIL	CONSERVATION COMM	1122101	Form C-104
SANTA FE		REQUEST	FOR ALLOWABLE	•	Supersedes Old C-104 and C-11
FILE		•	AND	•	Effective 1-1-65
u.s.g.s.	AUTH	ORIZATION TO TR	ANSPORT OIL AND	NATURAL GAS	
LAND OFFICE					•
I OIL				•	
TRANSPORTER GAS	777	•	·		
OPERATOR					
PRORATION OFFICE	<del></del>				
	Gas Company	<b>~</b>			
		hfield Company			•
Address				<del></del>	
i e	710, Hobbs, N	ew Mexico 882	10		·
Reason(s) for filing (Check prop			Other (Pleas	a analaia l	
				in Operator	Nama
New Well		n Transporter of:	[ ] . e.e + ·	_	Name
Recompletion	Oil	Dry C	kas errecti	ve: 4-1-79	
Change in Ownership	Casinghe	oad Gas Cond	ensate		
If change of ownership give n and address of previous owner			•		
The case of provide the					
DESCRIPTION OF WELL	AND LEASE		•	•	-
Lease Name		Well No. Pool N	ame, Including Formation	K	ind of Lease
State E		2 5	ico monument	(A-ca) St	ate, Federal or Fee State
Location			ico ponumeno	(G-3A)	a Care
	, cent	en of NW/SW			•
Unit Letter;_	Feet Fro	om TheL	ine and	Feet From The	
<b>.</b>	4,		7 / m		
Line of Section 5	. Township 2/	S Range	BGE NMPN	<u>,                                    </u>	· Lea County
DESIGNATION OF TRANS	PORTER OF OIL		AS	<u>i</u>	
Name of Authorized Transporter	of Oil 🔯 or O	Condensate	Address (Give address	to which approved :	copy of this form is to be sent)
1 Asso Reheline	.0		Box 1190 1	midland	Texas 19701
Name of Authorized Transporter	of Casinghead Gas	or Dry Gas	Address (Give address	to which approved	copy of this form is to be sent)
I hellih Petroles	um lo		Land Port	rook nd	251a Texes 79762
7	Unit Sec	. Twp. Rge.	Is gas actually connect	ed? When	1514, 15,40 19 16 V
If well produces oil or liquids, give location of tanks.	10, -1	5 215 36	e	i	5-25-36
L	12+ ( 1			t	3-23-36
If this production is commingl	led with that from ar	ny other lease or pool	, give commingling orde	r number:	··-
COMPLETION DATA	12	Oil Well Gas Well	New Well Workover	Deepen P	iug Back   Same Res'v.   Diff. Res'v.
		1 000 ,,,,,	1 1000	1	t dame nos in Dilli nes v.
Designate Type of Com	pletion - (X)	] }		!- !	1
Designate Type of Com	pletion - (X)	Ready to Prod.	Total Depth	!- !	B.T.D.
Designate Type of Com	pletion - (X)	] }		!- !	1
Designate Type of Com	Date Compl. F	] }		P.	1
Designate Type of Com  Date Spudded  No Change	Date Compl. F	Ready to Prod.	Total Depth	P.	B.T.D.
Designate Type of Com  Date Spudded  No Change	Date Compl. F	Ready to Prod.	Total Depth	P	B.T.D.
Designate Type of Com  Date Spudded  No Change  Pool	Date Compl. F	Ready to Prod.	Total Depth	P	B.T.D.
Designate Type of Com  Date Spudded  No Change  Pool	Date Compl. F	Ready to Prod.	Total Depth  Top Oll/Gas Pay	P. To	B.T.D.
Designate Type of Com  Date Spudded  No Change  Pool  Perforations	Date Compl. F	Ready to Prod.  ucing Formation  [UBING, CASING, AN	Total Depth  Top O!1/Gas Pay  D CEMENTING RECOR	P. To Do	B.T.D.  ubing Depth  epth Casing Shoe
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(Signature)

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.