NO. OF COPIES RECI	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

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Form C-104 Supersedes Old C-104 and C-110

	SANIAFE		JR ALLUWADLE	Effective 1-1-65
_	FILE		AND	A.C.
-	U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	45
-	LAND OFFICE		$H(X) = \{ \{ \{ \} \} \}$	
	TRANSPORTER OIL			
-	GAS			
Ļ	OPERATOR			
1.	PRORATION OFFICE Operator			
Ì	•	-1-		
-	Millard De	<u>ck</u>		
		409. Eunice. New Mexi	ico 88231	· )
-	Reason(s) for filing (Check proper box)	1109. munite. wew now	Other (Please explain)	
	New Well	Change in Transporter of:		
		Oil Dry Gas		
	Recompletion Change in Ownership X	Casinghead Gas Condense	ate 🔲	
Į	Change in Ownership[A]			
	If change of ownership give name	Southern Petroleum E	rolonstion Inc Bo	x 71/31. Roswell. N.
	and address of previous owner	Southern Petroleum E.	XOTOPERION, INC.	,
		WACT		
П.,	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	mation Kind of Lease	
		l Jalmat Yates,	State Federal	or Fee Fed. 036441M
	Atha Location		- (ALVI'S g + OLAS II L I	
	25 660	Feet From The West Line	and 660Feet From T	south
	Unit Letter M ; 660	Feet From The WESU Line	and	
		vnship 275 Range	36E , NMPM,	Lea County
	Line of Section 3] Tow	vnship 218 Hange		
	THE PART OF MEANING PARTS	CED OF OU AND NATURAL GAS		
III.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GAS	Address (Give address to which approx	ved copy of this form is to be sent)
	1		P O Box 1510. Mi	dland. Texas 7970l
	Name of Authorized Transporter of Cas	no Line Company	P. O. BOX 1510. Mi Address (Give address to which approx	ved copy of this form is to be sent)
	·	,,,,,q,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		dland, Toxas 7970l
	Ashland Oil & Ref:	ining Company Unit   Sec.   Twp.   Rge.	Is gas actually connected? Who	en
	If well produces oil or liquids,		Yes	Not available
	give location of tanks.			
	If this production is commingled with	th that from any other lease or pool, g	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv
	Designate Type of Completic		1	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded	Date Compi. Heady to 11000	-	
	(OF DVC OF CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Idame of Fredering		
				Depth Casing Shoe
	Perforations		. •	
		TURING CASING AND	CEMENTING RECORD	
			DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
				land must be equal to or exceed top allo
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allo
·	OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)
	Date First New Oil Run To Tanks	Date of Test		
			Casing Pressure	Choke Size
	Length of Test	Tubing Pressure	Cubing 1 100000	ļ
			Water - Bbls.	Gas-MCF
	Actual Prod. During Test	Oil-Bbis.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		and the second of the second o		
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bals. Condensate/MMCF	
			(a) the same	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore 51-5
			<u> </u>	
	I. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION
V	I. CERTIFICATE OF COMPETA	17-		
		i regulations of the Oil Conservation	APPROVED	, 19
	I hereby certify that the rules and	with and that the information given	I del X	Mares
	above is true and complete to the	he best of my knowledge and belief.	BY TO	
			TIZLE	

Doubland Kick
(Signature)
Owner - Operator
(Title)
11/11/68
(Date)

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for alloable on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of own well name or number, or transporter, or other such change of conditions.

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