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FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
			_

W MEXICO OIL CONSERVATION COMMISSIO

Form C-104

FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	-	- · · ·	A.	
TRANSPORTE ? GAS				
PRORATION OFFICE	_			
Operator	2			
Address , =	elne.			
P. O. Box 460	4066 M	n. 88240		
Reason(s) for filing (Check proper bo	x)	0.1 (0)	nitralles of 1000	
New Well Recompletion	Change in Transporter of: Oil Dry Ga	s barrels In the	month of Sept. 1949	
Change in Ownersh:p	Casinghead Gas Conder		permission to Senfoce	
change of ownership give name		cotarmingle weeks	ting partieng.	
nd address of previous owner		Genrow Skelly	Juyhng Dunhund TUS	
ESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.	
Localant A 17			rayor Fee <u>LC032096</u> (a)	
Location ——		160	6c ×	
	Feet From The Stuty Lin	e and CCU Feet From	The Cust	
Line of Section / To	with $2(-S)$ Range 3	7-E, NMPM, Jea	County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of Oi		Address (Give address to which appr	oved copy of this form is to be sent)	
State Typellon Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Millend, Te	2XG5	
SV2 (lin Mil C	()	Address (Give address to which appr	Mexico	
If well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected?	hen	
give location of tanks.	14 17 21 37	yes!		
this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
Designate Type of Completi	on - (X)	New Weil Workover Deepen	Plug Back Same Resty, Diff. Rest	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Flavetta - (DE DED DE CO				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations		<u> </u>	Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
FEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oi pth or be for full 24 hours)	l and must be equal to or exceed top allo	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF	
				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Retual Float 1881 Mer/D	Length of Year	Buts. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	VCF	OIL CONSERV	ATION COMMISSION	
ERTIFICATE OF COMPLIAN	ICE	SFP 2	1 197 9	
	regulations of the Oil Conservation			
ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BY Orig. Signed by Jerry Sexton		
		Jerry Se. TITLE	Supre	
			. •	
Ben A les		If this is a request for allo	compliance with RULE 1104.	
(Sig	nature)	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 tests taken on the well in accordance with RULE 111.		
achunstratice	Superisa	All sections of this form m	nust be filled out completely for allow	
actionstrative Superior (Title) 9-20-79		able on new and recompleted w	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner.	
	Oate)	Fill out only Sections I, well name or number, or transpo	II. III, and VI for changes of owner trees, or other such change of condition	
1 -		· · · · · · · · · · · · · · · · · · ·		

Fill out only Sections I, 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.

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SEP on the

O.C.D. HOBBS, OFFICE