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TRANSPORTER GAS				
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

€. C. C. AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

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TRANSPORTER	i i	្នុក រ ្	1 : 1 mm	
			* 194 DD	
GAS				
OPERATOR				
PRORATION OFFICE				
Operator				
Paul E. Plum	mer and W. H. McKinley			
Address				
P. O. Box 21	45, Roswell, New Mexico			
Reason(s) for filing (Check prope		Other (Please explo	ain)	
New Well	Change in Transporter of:			
Recompletion		ory Gas	, F	
Change in Ownership		Condensate	4 Cation	
Change in Ownership	Cdsinghedd Gds	ondensate	to the state of th	
If about of automakin since a				
If change of ownership give na and address of previous owner				
and address of previous owner	The state of the s			
I. DESCRIPTION OF WELL A	AND LEASE			
Lease Name		ol Name, Including Formation	Kind of Lease	
######################################	7 7005 0		State, Federal or Fee	
Sinclair State Location	E 7825 2 1	ynch Yates & 7 Rivers		
Unit Letter;	990 Feet From The B	Line andFe	et From The S	
Unit Letter;;	990 Feet From The Range		et From The	
				<u></u>
Line of Section 2 I. DESIGNATION OF TRANS	Township 21 S. Range PORTER OF OIL AND NATURAL	33 E. , NMPM, L		<u></u>
Line of Section 2	Township 21 S. Range PORTER OF OIL AND NATURAL	33 E. , NMPM, L		γ
Line of Section 2 I. DESIGNATION OF TRANS Name of Authorized Transporter	Township 21 S. Range PORTER OF OIL AND NATURAL of Oil Tor Condensate	GAS Address (Give address to whi	County ch approved copy of this form is to be sent)	 У
Line of Section 2 I. DESIGNATION OF TRANS	Township 21 S. Range PORTER OF OIL AND NATURAL of Oil 2 or Condensate ion	GAS Address (Give address to whi	County ch approved copy of this form is to be sent)	y
Line of Section 2 I. DESIGNATION OF TRANS Name of Authorized Transporter Yellood Corporat	Township 21 S. Range PORTER OF OIL AND NATURAL of Oil Tor Condensate ion	GAS Address (Give address to whi	County	у
Line of Section 2 I. DESIGNATION OF TRANS Name of Authorized Transporter Yellood Corporat	Township 21 S. Range PORTER OF OIL AND NATURAL of Oil Tor Condensate ion of Casinghead Gas or Dry Gas	Address (Give address to white Address (Give address to white Address to white Address to white Address (Give address to white Address to whit	ch approved copy of this form is to be sent) ilene. Texas ch approved copy of this form is to be sent)	· · · · · · · · · · · · · · · · · · ·
Line of Section 2 I. DESIGNATION OF TRANS Name of Authorized Transporter Name of Authorized Transporter If well produces oil or liquids,	Township 21 S. Range PORTER OF OIL AND NATURAL of Oil 2 or Condensate ion of Casinghead Gas or Dry Gas Unit Sec. Twp. Rge	Address (Give address to white Address (Give address to white Address to white Address (Give	County ch approved copy of this form is to be sent)	<u> </u>
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Line of Section 2 I. DESIGNATION OF TRANS Name of Authorized Transporter Melload Corporat: Name of Authorized Transporter If well produces oil or liquids, give location of tanks.	Township 21 S. Range PORTER OF OIL AND NATURAL of Oil Tor Condensate ion of Casinghead Gas or Dry Gas Unit Sec. Twp. Rge	Address (Give address to white P. O. Box 330 Ab Address (Give address to white Address (Give	ch approved copy of this form is to be sent) ilene. Texas ch approved copy of this form is to be sent) When	·
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL

DEPTH SET

250

3,773

3,783

CASING & TUBING SIZE

124

Tubing 2 3/8

54

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)		
Jan. 5	Jan. 5	Pump			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24	No Pressure	0	Open		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF		
42	42 /	No water	No gas		

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate No gas Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

TITLE ..

VI. CERTIFICATE OF COMPLIANCE

HOLE SIZE

15%

8

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.

Paul	E.	Plummer	and	W.	H.	McKinley
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OIL	CONSE	ERVAT	ION	CON	MIS	SION

SACKS CEMENT

circulated cement

100 sacks

APPROVED	e de la companya de l	19
BY		

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 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.

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.