NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE		_	
TRANSPORTER	OIL		
IRANSFORTER	GAS		
OPERATOR			
PROBATION OFFICE			

L	DISTRIBUTION		NSERVATION COMMISSIC	Form C-104 Supersedes Old C-104 and C-110	
L	SANTA FE	Effective 1-1-65			
<u> </u>	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
L					
-	LAND OFFICE	_			
	TRANSPORTER GAS	-			
}	OPERATOR	-			
.	PRORATION OFFICE				
■. }	Operator				
	BRUNSON & McKNIG	HT, INC.			
Ī	Address				
L	Box 297, Hobbs,	M 88240 M	Other (Please explain)		
- 1	Reason(s) for filing (Check proper bo	x) Change in Transporter of:	Office (1 today displaying)		
	New Well	Ot! Dry Gas			
	Recompletion Change in Ownership	Casinghead Gas Condens	sate		
L	Glange III Gillian				
1	If change of ownership give name				
•	and address of previous owner				
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.	
İ	Lease Name	Well No. Pool Rame, Including	State, Federa	lorFee Federal NM 14155	
	Hat Mesa	Undest gnated			
	Location	On Feet From The Month Line	and <u>660</u> Feet From	TheFast	
	Unit Letter H ; 198	DO Leer From the MOLTH Direct		·	
	Line of Section 14 To	ownship 2 S Range 32	<u>ξ</u> , ΝΜΡΜ,	County	
1			_		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS	Address (Give address to which appro	ved copy of this form is to be sent)	
	Name of Authorized Transporter of O	ii	,		
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)	
		•	Box 2521 Houston TX	77001	
	Transwestern Pipeline	Unit Sec. Twp. Rge.		i i	
	If well produces oil or liquids, give location of tanks.		No.	March 5, 1974	
!	If this production is commingled v	with that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Complet				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	_	·	14 476!	Tubing Depth	
	3/31/73 Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	70241 1/2	Morrow 13 9171-271.	13.8381	Depth Cosing Shoe	
	1 13.0301740.	1,3,3 1, 1,2 1,2,2,1,2,1	, , , , , , , , , , , , , , , , , , , ,		
	13,636'-46', 13,911'-13', 14,17'-27' - 2 shots per foot 14,058'-65', 14,077'-85', 14,091'-93, 14-117'-27' - 2 shots per foot TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE		3091	300 CI."C" + 2% CaCl	
	17 1/21'	13 3/3" 61#		2500 "H"L I+e+400 "C"	
	12 1/4"	9 5/8" 36# & 40#	11 1075	400 "H" Lite+200 "H"	
	8 1/2"	7 5/8" 26# & 29#	14.304	250"H"L1+0,340"H",200"G	
V.	TEST DATA AND REQUEST	7 5/8" 26# & 29# 5 1/2" 17# FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-	
• •	OIL WELL	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	Date First New Oil Run To Tanks	Date of 1891			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				Gas - MCF	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gds-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		4 5	42	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	1	
	had properties	4692	1500 (packer)	32/64"	
VI	CERTIFICATE OF COMPLIA		OIL CONSERV	ATION COMMISSION	
• •			ADDROVED	, 19	
	I hereby certify that the rules ar	nd regulations of the Oil Conservation	APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY The Park of the		
TITLE		/ / * (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	A RECEIVED AND A SECOND AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT ASSES		
				compliance with RULE 1104.	
	/			amable for a newly drilled or deepened	
	S (S	ignature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
			All meetions of this form I	nust be filled out completely for allow	
	Operator	(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		

(Date)

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.