	SANTA FE	REQUEST	FOR ALLOWABLE	··· ,	Supersedes Old C-104 and C- Ellective 1-1-65			
	U.S.G.S.	1	AND					
		AUT. RIZATION TO TRA	ANSPORT OIL AND	NA JRAL GAS				
	AND OFFICE	4						
	TRANSPORTER GAS	-						
	OPERATOR	_						
1.	PRORATION OFFICE							
	John H. Hend	drix						
	Address							
	403 Wall Towers West, Midland, Texas 79701							
	Reason(s) for filing (Check proper box		Other (Please	explain)				
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Go	rs X		•			
	Change in Ownership	Castnghead Gas Conder	77	\$				
	Change III Ownership	Castinglied Cas Collect			·			
	If change of ownership give name and address of previous owner							
**	DESCRIPTION OF WELL AND	1 EACE						
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.			
	Brunson "C"			State, Federal or Fe	_			
	Location	6 Drinkar	<u>.a</u>		ree j			
		•						
	Unit Letter I ; 20	080 Feet From The South Lin	e and <u>560</u>	Feet From The	East			
	Line of Section 3 Tov	wnship 22-S Range	37-Е , ММРМ		Lea County			
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	. s					
	Name of Authorized Transporter of Oil		Address (Give address)	o which approved cop	by of this form is to be sent)			
	İ		D O B 1570		70701			
	Texas New Mexico Pipel Name of Authorized Transporter of Cas	INE CO。 singhead Gas 一 or Dry Gas 気。	Address (Give address t	o which approved con	exas 79701 by of this form is to be sent)			
			i					
	Northern Natural Gas C	Company	P. O. Box 308,		iska 68101			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.			7 (00 /70			
	give location of tanks.	P : 3 22-S 37-E	Yes	<u> </u>	7/23/73			
		th that from any other lease or pool,	give commingling order	number:	PC 203			
IV.	COMPLETION DATA							
	Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Resty. Diff. Resty			
	Designate Type of Completion		ļ	1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.			
	\							
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubi	ng Depth			
	Perforations			Depti	h Casing Shoe			
	·							
		TUBING, CASING, AND	CEMENTING RECOR	D				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT			
	<u> </u>							
		<u> </u>						
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fier recovery of total volum pth or be for full 24 hours	ne of load oil and mu:)	st be equal to or exceed top allow			
i	OIL WELL	Date of Test	Producing Method (Flow					
ĺ	Date First New Oil Run To Tanks	24.6 01 1001		. , ,				
		Tuble - Deserved	Canina Proseuro	Chak	• Siz•			
	Length of Test	Tubing Pressure	Casing Pressure	Chok	T 4.6T			
			Water-Bbls.					
			L WOTAFA HINIA	1 5 4 17 18 4				
	Actual Prod. During Test	Oil-Bbla.	1 11 11 11 11 11 11 11 11 11 11 11 11 1	1023	MCF			
	Actual Prod. During Test	Oil-Bbla.	11001-221-		MCF			

GAS WELL
Actual Prod. Test-MCF/D Bble. Condensate/MMCF Gravity of Condensate Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

APPROVED_

BY_

TITLE _

VI. CERTIFICATE OF COMPLIANCE

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.

Operator (Title) July 19, 1973

(Date)

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.

OIL CONSERVATION COMMISSION

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

NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
INANSPORTER	GAS			
OPERATOR				
		T		

	DISTRIBUTION SANTA FE	l .	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110			
	FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE						
,	TRANSPORTER GAS	_					
I.	PRORATION OFFICE			·			
	John H. Hendrix						
	316 Central Bldg., Midland, Texas 79701						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	Effective Aug	mst 1 1071			
	Change in Ownersh	Casinghead Gas Conden		450 1, 1971			
	If change of ownership give name and address of previous owner	Bruce A. Wilbanks, P	2.0. Box 763, Midlan	d, Texas 79701			
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.						
	Lease Name Brunson "C"	6 Tubb Gas (Tub	_	rl cr Fee Fee			
	Location I 208	O Courth	r(0				
	Unit Letter / I ; 208	Feet From The South Line	e and 560 Feet From	The <u>Fast</u>			
	Line of Section 3 Tow	rnship 22S Range 3	7E , NMPM,	Lea County			
III.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which appro	oved copy of this form is to be sent)			
•	Texas-New Mexico Pip	eline Company	P.O. Box 1510, Midl	and Texas 79701			
j	Name of Authorized Transporter of Casinghead Gas or Dry Gasty Natural Gas Co. P.O. Box 1510 Midland Toxas 70701 Address (Give address to which approved copy of this form is 40 by sent) 2223 Dodge St. Omaha Nabraska						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	2223 Nodge St. Oma				
	give location of tanks.	P 3 225 37E	Yes	Unknown _203			
	f this production is commingled with that from any other lease or pool, give commingling order number: PC-203 COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Flug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion		New Well Worksver Despen				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load oil	and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift, etc.)			
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	I uping Pressure					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			
ı	CAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
3/1	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION				
∀1 .	CERTIFICATE OF COMPLIANCE		* 40.79				
	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.		APPROVED SEP	1 .01 .			
				D. Ramy			
	and Allendy		TITLEDist	· I, Supe.			
	(), () . H //o	レン	This form is to be filed in compliance with RULE 1104.				

VI.

Omer-Operator

(Date)

Sept. 2, 1971

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.

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

Manual Comments of the Comment

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