	NO. OF COPIES RECEIVED	1					
	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104			
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	NS			
		-					
	TRANSPORTER GAS						
	OPERATOR						
1.	PRORATION OFFICE						
	Bruce A. Wilbanks						
		3210 Sinclair, Midland, Texas 79701					
		son(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:					
	Recompletion	Oil 🗶 Dry Gas	🛚 🛄 Effective Janu	ary 1. 1970			
	Change in Ownership 🗶	• • • •					
				· · · · · · ·			
	If change of ownership give name and address of previous owner	Citites Service OII	Company, P. O. Box 6	9, Hobbs, N.M.			
П.	II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease   Brunson "C" 6 Drinkard (Dkr.Formation) State, Federal or Fee Fee -   Location Unit Letter I ; 2080 Feet From The South Line and 560 Feet From The East						
Line of Section 3 Township 22 South Range 37 East , NMPM, Lea Cou							
WE DESIGN ATTAN OF TRANSPORTER OF ON AND NATURAL CAS							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Name of Authorized Transporter of Oil XX   or Condensate   Address (Give address to which approved copy of this form is							
	Texas New Mexico P	ipeline Company	P. O. Box 1510, Midl	and. Texas 70701			
	Name of Authorized Transporter of Car	singhead Gas 🔄 or Dry Gas 🔄	Address (Give address to which approve	d copy of this form is to be sent)			
	Skelly Oil Company			a, Oklahoma 74102			
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? When				
	give location of tanks.	P 3 228 371		nknown			
		th that from any other lease or pool,	give commingling order number:	C-203			
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v						
	Designate Type of Completion	on = (X)					
	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			
	Perfordions						
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		DD ALLOWADIE	fter recovery of total volume of load oil ar	d must be equal to or exceed top allow-			
V.	TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours)				
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
				Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure				
	Land Desta Tool	Oil-Bbls.	Water-Bble.	Gas - MCF			
	Actual Prod. During Test						
	l	-	L				
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut:-in)	Choke Size			
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.		OIL CONSERVA	FION COMMISSION			
			APPROVED	, 19			
			1 Salt	Thuis			
	above is true and complete to the	e best of my knowledge and belief.	BY				
			TITVE	1933.()			
	1/ Antaria		This form is to be filed in co	ompliance with RULE 1104.			
	Bruce Hillache		The second for allowable for a newly drilled or deepened				
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Owner and Operator		All sections of this form must be filled out completely for allow-				
	• • • • • • • • • • • • • • • • •	itle)	able 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.				
	January 9, 1970						
	(Date)		Separate Forms C-104 must	be filed for each pool in multiply			
			completed wells.				

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ŀ	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110			
t	FILE		AND	Effective 1-1-65			
t	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS	5			
Ī	LAND OFFICE	······································	-				
Ī	IRANSPORTER OIL						
	GAS	l l					
[	OPERATOR						
1.	PRORATION OFFICE						
	perator Prusse A Millbanks						
	Bruce A. Wilbanks						
			701				
		t, Midland, Texas 79	Other (Please explain)				
	Reason(s) for filing (Check proper box)		Other (1 reuse explain)				
	New Well	Change in Transporter of: Oil Dry Gas	<b>Effective Jan</b>	uary 1, 1970			
		Cil Dry Gas Casinghead Gas Condens		• • • • •			
	Change in Ownership X						
	If change of ownership give name	Cities Service Oil C	company, P. O. Box 69,	Hobbs. N. M.			
	and address of previous owner						
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
Brunson "C" 6 Tubb Gas (Tubb Form.) State, Federal or Fee Fee							
	Location T 2080 Foot From The South Line and 560 Feet From The East						
	Unit Letter I ; 2080 Feet From The South Line and 560 Feet From The East						
		mship 22 South Range 37	East , NMPM, Lea	County			
	Line of Section 3 Tow	instrip 22 South 199 51					
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address :: o which approved	copy of this form is to be sent)			
	Texas New Mexico Pi		P 0 Box 1510 Mid	land Texas 70701			
	Name of Authorized Transporter of Cas	inghead Gas 📄 of Dry Gas 🕎	P. 0. Box 1510 Mic Address (Give address to which approved	copy of this form is to be sent)			
	Northern Natural Ga		2223 Dodge Street,	Omaha. Nebraska			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	-			
	give location of tanks.	P 3 225 37E	Yes	Unknown			
		th that from any other lease or pool, a	give commingling orde: number:	PC-203			
	COMPLETION DATA	n that nom any other rease of poor, q					
1 .		Cil Well Gas Well	New Well Workover Deepen F	Diug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	$\mathbf{n} = (\mathbf{X})$		· · · · · · · · · · · · · · · · · · ·			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Froducing 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			
			<u> </u>				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil an	d must be equal to or exceed top allow-			
• •	OIL WELL	able for this de	pth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.j			
				Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure				
	Actual Prod. During Test	Cil-Bbls,	Water - Bbls.	Gas - MCF			
	·						
	GAS WELL			Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
				Ohaha Sina			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut:-in)	Choke Size			
			ļ				
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVAT	ION COMMISSION			
• •				. 19			
	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, 19				
			BY THE REME				
			TITLE SUPERVENCE LIVERUL				
	1/ 10	1 1/1 .	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 allow- able 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.				
	LAN HEA	March					
	Aller 11-11	ature)					
	Owner and Operat	OP					
	•	•					
	January 8, 1970	j ate)					
	{D	ute /	Separate Forms C-104 must	be filed for each pool in multiply			
			completed wells.	completed wells.			