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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE		AND			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	OIL					
	TRANSPORTER GAS					
	OPERATOR					
I.	PRORATION OFFICE					
	John H. Handrix					
	ddress					
		16 Central Bldg., Midland, Texas 79701    Son(s) for filing (Check proper box)   Other (Please explain)				
	ew We!l Change in Transporter of:					
	Recompletion	Oil Dry Go	rs 🔲 Milhebave Augu	ast 1. 1071		
	Change in Ownership	Casinghead Gas Conde	The same of the sa			
	If change of ownership give name and address of previous owner _	Bruce A. Wilbanks, P.	O. Box 763, Midland	1. Texas 79701		
II.	DESCRIPTION OF WELL A	Well No. Pool Name, Including F	ormation Kind of Lea			
Brunson non 7 Blinebry Gas (Blin. Form.) State, Federal or FeeFee						
	Location		***	Ti		
	Unit Letter P;	Feet From The South Lin	ne and 500 Feet From	n The East		
	Line of Section 3	Township 228 Range	37E , NMPM, Let	<b>Q</b> County		
***	DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	16			
111.	Name of Authorized Transporter of	Oll or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
	Teras-New Mexico l	Pipoline Co.	P.O. Box 1510, Mid. Address (Give address to which app	Land, Texas 79701		
	Texas-New Mexico I Name of Authorized Transporter of	Casinghead Gas or Dry Gas				
	Northern Natural (	Gas Co.	2223 Dodge Street.  Is gas actually connected?	Onegas Nebraska		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		Unimown		
		P 3 228 37E		PC-203		
	If this production is commingled COMPLETION DATA	with that from any other lease or pool,	give comminging order number:			
•••	Designate Type of Compl	etion (X)	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.		
			Total Depth	P.B.T.D.		
,t	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.		
	Elevations (DF, RKB, RT, GR, et.	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		
	HOEE 3122	ONGING C 100 MG 5.5				
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this d	ifter recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow-		
	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	Choke Size		
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF		
	Metadi i todi Baring 1991					
	l					
	GAS 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		
VI.	CERTIFICATE OF COMPL	ANCE	OIL CONSER	ATION COMMISSION		
			27 1071			
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 SED 7 1971 , 19, 19			
			BY			
				Diet I Suev.		
	John H Hend'		This form is to be filed in compliance with RULE 1104.			
			to this is a request for allowable for a newly drilled or deepened			
	- Arm	Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Owner-Operator					
	Sept. 2, 1971		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.			
(Date)		well name or number, or transporter of other each nool in multiply				

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

Milmaryin avera

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OIL CONSERVATION COLLIA.