U.S.G.S.  LAND OFFICE  TRANSPORTER OIL	SANTA FE FILE	i
TRANSPORTER OIL	U.S.G.S.	
TRANSPORTER	LAND OFFICE	
	TRANSPORTER	OIL
GAS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GAS
	PRORATION OF	105

SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
FILE		AND:	
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	GAS
TRANSPORTER - OIL		Out to a second	
GAS			
PRORATION OFFICE			
Operator			
Qulf Oil Corporation			
Box 670, Hobbs, New M	exico		
Reason(s) for filing (Check proper b		Other (Please explain)	O bhi donddwy allawahla
New Well	Change in Transporter of: Oil Dry Gas		0 bbl testing allowable ing th Penrose Skelly &
Hecompletion Change in Ownership	Casinghead Gas Conden		recomplete in Blinebry
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AN	D I EASE		
DESCRIPTION OF WELL AN Lease Name	Well No. Pool Na	ne, Including Formation	Kind of Lease
W. M. Rinewalt	2 B1	inebry	State, Federal or Fee
Location	Omi Namak	750	Non-
Unit Letter <b>E</b> ; 1	874 Feet From The North Lir.	e and <u><b>750</b></u> Feet F	rom. The
Line of Section	Township <b>22_8</b> Range	37-E , NMPM, Le	Count
Time of Bestlon		414	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	land of this form is to be conti-
Name of Authorized Transporter of			approved copy of this form is to be sent)
The Permian Corporati	Casinghead Gas or Dry Gas	Ber 4157, Midland, Address (Give address to which a	approved copy of this form is to be sent)
None - gas		(	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	E 4 22-5 37-E	No	1
If this production is commingled	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	
Designate Type of Comple			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
Periorditions			
	TUBING, CASING, ANI	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of loa	d oil and must be equal to or exceed top a
OIL WELL	able for this de	epth or be for full 24 hours)  Producing Method (Flow, pump, s	vas lift. etc.)
Date First New Oil Run To Tanks	Date of Test	Froducing Method (1 tow) pamp, a	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLI	ANCE	OIL CONSE	RVATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	, 19
		100X ()	ETT.
above is true and complete to	the best of my knowledge and belief.	BY TO THE	Rang
		TITLE	
<b>OR(G</b> ) 9 (2007) 27	rd Y		d in compliance with RULE 1104.
C. B. W. P. SALD		If this is a request for	allowable for a newly drilled or deep
(Signature)		wall this form must be acc	companied by a tabulation of the devia accordance with RULE 111.
Area Production Manager		All sections of this for	rm must be filled out completely for a
	(Title)	able on new and recomplet	ed wells.
July 26, 1966		Fill out Sections I, II, III, and VI only for changes of o	

(Date)

Fill out Sections I, II, III, and VI only 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.