	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	ONSERVATION COMMENT FOR ALLOWABLE AND DEPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-17 Effective 1-1-65 AS
1.	TRANSPORTER OIL GAS OPEPATOR PROBATION OFFICE Operator Maliel and Conformation Address Bud 633 Midland Sular 79701 1			
	If If G 3 f, filling (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	s [fin fick, 19.	tut allowance. 14 - unite, 4 aro uner ina
	DESCRIPTION OF WELL AND I	LEASE		
	Lesse Name	Well No. Pool Mane, Including F. 12 Drinkard	ormation Kind of Lease State, Føderal	or Fee Fee
,	Location H 58	9 Fast	e and 1909 Feet From T	. north
	Unit Letter	1	T-E, NMPM,	ACL County
III.	DESIGNATION OF TRANSPORT None of Authorized Transporter of Cia	CER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent;
	Negle of Authorized Transporter of Cas	Inghead Gas _ or Dry Gas X	Address (Give address to which approx	
	Skilly and Co.	Unit Sec. Twp. Ege.	15 gas actually connected? Whe	
	If well produces oil or liquids, give location of tanks.	E 10 22-1 37-E	·	2-21-73
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Off Well One Well New Well New Well Deepen Plug Back Same Res'v, Diff. Res'v			
	Designate Type of Completio	Oil Well Gas Well on - (X)	New Well Workover Deepen	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Nonle of Fraducing Formation	Tep Cil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEHENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			,	
		l		
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod, During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Tubing Preusure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)			
VI.	I. CERTIFICATE OF COMPLIANCE			TION COMMISSION
	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.		BY	
	Christine O. Jucker		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepene 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 Separate Forms C-104 must be filed for each pool in multiple	
	Provation Clerk			
	1-2-74 (Tille)			
	(Date)			
	-		H Separate Forma C-roy inda	