NO. OF COPIES REC	NO. OF COPIES RECEIVED				
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.		1			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PROBATION OFFICE					

1-21-77 (Date)

## .1EW MEXICO OIL CONSERVATION COMMISSIC

Form C-104

	FILE	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C-1		
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Effective 1-1-65		
	LAND OFFICE	AOTHORIZATION TO TR	RANSPORT UIL AND NATURAL	GAS		
	TRANSPORTER OIL					
	OPERATOR GAS	_				
1.	PRORATION OFFICE					
1.	Operator	<u> </u>				
	Carter Foundation Production Company					
	P. O. Box 900, Ke	ermit, Texas 79745				
	Reason(s) for filing (Check proper be	•	Other (Please explain)	_		
	Recompletion	Change in Transporter of: Oil Dry G		orary Permit to commingle		
	Change in Ownership		ensate Permit approved	inkard until pending		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL ANI	LEASE   Well No.   Pool Name, Including	Forester			
	Elliott	5 McCormack,	11	rederal Lease No.		
	Location	The cornact,	Dituitan Douth	EC-032373(8		
	Unit Letter D; 3	30 Feet From The North Li	ine and 990 Feet From	The West		
	Line of Section 22 T	ownship 22-S Range	37-E , NMPM, L	ea County		
TTT	DESIGNATION OF TRANSPOL	OTED OF OH AND MARKINAL O				
111.	Name of Authorized Transporter of O	RTER OF OIL AND NATURAL G	AS Address (Give address to which appr	oved copy of this form is to be sent		
	Shell Pipeline Cor		Box 1910, Midland,			
	Name of Authorized Transporter of C		Address (Give address to which appr	oved copy of this form is to be sent)		
	Skelly Oil Compar	<del></del>	Box 1351, Midland,	Texas 79702		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 22-S 37-E		hen 1-18-77		
IV.	If this production is commingled w	with that from any other lease or pool,	give commingling order number:			
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	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		
	<del></del>					
	HOLE SIZE		D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
Į						
V.	TEST DATA AND REQUEST F		after recovery of total volume of load oil	and must be equal to or exceed top allow-		
i	OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours)  Producing Method (Flow, pump, gas l	ift. etc.)		
				,,,,		
Ì	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bble.				
	Actual Prod. During 1081	OII-BDIB.	Water - Bbls.	Gas - MCF		
	CAG WDY Y					
٢	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 COMPLIAN	ICE	OIL CONSERVA	ATION COMMISSION		
			MAN 20 a.	27		
I hereby certify that the rules and regulations of the C		regulations of the Oil Conservation	APPROVED , 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By John w. /	By John w. Lungar		
			TITLE			
	ZUAN ZI		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			
-	(Sign	to Fuze )				
	Age	•	tests taken on the well in accor	rdance with RULE 111.		
-		itle)	All sections of this form mu able on new and recompleted we	ist be filled out completely for allow-		

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 completed wells.

OIL COLLINE ROBBS, N. M.