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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF	ICE		
Connected			

I.

I.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE HOBBS OFFICE O. C. C. AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

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u.s.g.s.		A	UTHORIZ	ZATION TO TR	ANSPORT O	IL AND NAT	URAL GAS		
LAND OFFICE					N	lov 17 3 2	29, NA 10		
TRANSPORTER	OIL				• •		, , , , , , , , , , , , , , , , , , ,		
TRANSI ON LA	GAS								
OPERATOR									
PRORATION OF	FICE								
Operator	i								
Sur	nset In	ternationa	l Petro	oleum Corpor	ration				
Address									
20	Wall	Building.	Suite	308, Midland	i, Texas				
Reason(s) for filing	(Check pro	er box)		<u> </u>	Otl	her (Please exp	lain)		
New Well		Ch	ange in Tro	ansporter of:	ļ				
Recompletion		Oil	ì	Dry G	Gas	Effect	tive 11-1-66		
	T		singhead G	condi	ensate				
	ship give r	ame		il Company					
If change of owners and address of pre- DESCRIPTION C Lease Name	ship give r vious owne	ame r Wol	lfson (il Company Well No. Fr. N		Formation	Kind of Leas State, Federa		Fee
If change of owners and address of pre- DESCRIPTION C Lease Name Danglad	ship give r vious owne	ame r Wol	lfson (il Company	ame, Including i	Formation			Fee
If change of owners and address of pre- DESCRIPTION C Lease Name	ship give rivious owned	ame r Wol	lfson C	well No. For N	Tubb-C	<u></u>		al or Fee	Fee
If change of owners and address of president DESCRIPTION Concessed Name Danglad Location	ship give rivious owned	ame r Wol	lfson C	well No. For N	Tubb-C	<u></u>	State, Federa	al or Fee	Fee County
If change of owners and address of present and address of present and address of present and address Name Danglad Location Unit Letter Line of Section	ship give revious owners F WELL B 24	ame r Wol AND LEASE 660 Fr	eet From T	il Company Well No. Fr. N 1-** The North Range	Tubb-022 ine and 198 37E	80 F	State, Federal State Sta	al or Fee	
If change of owners and address of present and address of present and address of present and address Nume Danglad Location Unit Letter Line of Section DESIGNATION O	ship give revious owner F WELL B 24	ame r Wol AND LEASE 660 Fr. , Township	eet From T 22S FOIL AN	Well No. Pr. N 1	Tubb-022 ine and 198 37E	00 F	State, Federal State Sta	Cast	County
If change of owners and address of presentant of the presentant of	ship give revious owner F WELL B 24 F TRANS	AND LEASE 660 For the control of th	eet From T 22S FOIL AN or Conde	il Company Well No. Fr. N 1-** The North Range	Tubb-023 Ine and 198 37E AS	, NMPM,	State, Federal State, Federal Elea Lea Lich approved copy of this	al or Fee	County
If change of owners and address of present and address of present and address of present and address Name DESIGNATION Control of Authorized Shell P	ship give revious owner F WELL B 24 F TRANS Transporte ipe Lin	AND LEASE 660 For the control of Coll Coll Corporation Corporation Corporation Control of Corporation	eet From T 22S FOIL AN or Conde	Well No. Fr. N 1	Tubb-023 Ine and 198 37E AS AS P. 0	, NMPM, we address to wh	State, Federa eet From The E Lea tich approved copy of this , Midland, Texa	al or Fee Cast s form is to	County be sent)
If change of owners and address of present address of present address of present address of present address Name DESIGNATION Control of Section Name of Authorized	ship give revious owner F WELL B 24 F TRANS Transporte ipe Lin	AND LEASE 660 For the control of Coll Coll Corporation Corporation Corporation Control of Corporation	eet From T 22S FOIL AN or Conde	Well No. Pr. N 1	Tubb-0 ine and 198 37E Address (Gin P. O. Address (Gin	, NMPM, ve address to wh Box 1910 ve address to wh	State, Federal Execution of this sich approved copy of this sich approximates the sich approximate	Sast S form is to	County be sent)
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Designate Type of Comple	· · · · · · · · · · · · · · · · · · ·	rs Well New Well	Workover Deeper	Plug Back Same Res	s'v. Diff. Rest		
Date Spudded	Date Compl. Ready to Prod.	Total Dept	h	P.S.T.D.			
Pool	Name of Producing Formation	Top Oil/G	rs Pay	Tueing Depth	Tucing Depth		
Perforations				Depth Casing Shoe			
	TUBING, CASI	NG, AND CEMENT	NG RECORD				
HOLE SIZE	CASING & TUBING S		DEPTH SET	SACKS CE	SACKS CEMENT		
TEST DATA AND REQUEST	FOR ALLOWARIE (Test	must be after recovery	of total volume of load	loil and must be equal to or	exceed top allo		
		for this depth or be for					
OIL WELL Date First New Oil Run To Tanks	able f		full 24 hours) Method (Flow, pump, go	as lift, etc.)			

Choke Size Tubing Pressure Casing Pressure Length of Test Water-Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test

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

TITLE _

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.

Bn Braham	
(Signature)	

Production Clerk

(Title)

November 15, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED_

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 allowable on new and recompleted wells.

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