OIL CONSERVATION COMMISSION | 29 PM 15

BOX 2045

HOBBS, NEW MEXICO

NOTICE OF GAS CONNECTION		DATE November 5, 1965		
This is to notify the Oil Con	nse rvation Commi ssio	n that connection for the		
purchase of gas from the Western Oil F	ields, Inc.	Gulf State No 1-UT ,		
•	Operator	-		
A 36-22-37 Well Unit S. T. R.	Blinebry	Northern Natural Gas Company		
Well Unit S. T. R.	Pool	Name of Purchaser		
was made on November 4, 1965 Date	M	ORTHERN NATURAL GAS COMPANY		
		Purchaser		
		Representative Allocation Clerk		
		Title		

cc: To operator Oil Conservation Commission - Santa Fe

PRORATION OFF	ICE	
IRANSPORTER	GAS	+-
LAND OFFICE		- -
U.S.G.S.		
FILE		
SANTA FE		
DISTRIBUTIO	N	
NO. OF COPIES RECE	IVED .	

DISTRIBUTION SANTA FE	NE.		ONSERVATION COMMI FOR ALLOWABLE	SSION	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65	
FILE		ATION TO TR	AND NSPORT OIL AND	IR-7160 All come		
LAND OFFICE	AUTHORIZ	ATION TO TRA	INSPURT OIL AND	in convet 50	LW .PJ	
IRANSPORTER OIL	- 1					
OPERATOR	-					
PRORATION OFFICE						
Operator College	Paul do Ino					
Western Ull	Fields, Inc.					
P. O. Box 11		New Mexico				
Reason(s) for filing (Check proper b	<i>ox)</i> Change in Tra	nsporter of:	Other (Please	explain) .assified as	s Gas Well	
New Well	Çil	Dry G:		4002224		
Ten re in " whership	Casinghead Go	rs Conde	nsate			
If change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL AN	D LEASE	Well No. Pool No	me, Including Formation	Kir	nd of Lease	
Gulf State		!!!	inebry Gas	Sto	nte, Federal or Fee State	
Location					Poet	
"nit Letter <u>A</u> ; <u>6</u>	60 Feet From Th	ne North Li	ne and 660	Feet From The _	East	
Line of Section 36 ,	Township 228	Range	37E , NMPM	, Lea	County	
DESIGNATION OF TRANSPO	RTER OF OIL AN or Conde	D NATURAL G.	AS Address (Give address	to which approved c	copy of this form is to be sent)	
Texas-New Mexico	Pipeline Co.		P. O. Box 1	510, Midlan	d, Texas	
Name of Authorized Transporter of	Casinghead Gas	or Dry Gas	P. O. Box 1		copy of this form is to be sent) Oklahoma	
Warren Petroleum	Unit Sec.	Twp. Rge.	Is gas actually connect	ed? When		
If well produces oil or liquide, give location of tanks.	A 36	22S 37E	Yea	J	anuary 1965	
If this production is commingled	with that from any of	ther lease or pool	give commingling orde	r number:		
COMPLETION DATA	Oil W	Vell Gas Well	New Well Workover	Deeper. Pl	ug Back Same Res'v. Diff. Res'v	
Designate Type of Comple)		- +=	D.T.D.	
Date Spudded	Date Compl. Read	y to Prod.	Total Depth		B.T.D.	
l cc:	Name of Producing	g Formation	Top Oil/Gas Pay	T	ubing Depth	
					epth Casing Shoe	
Perforations					spin odsing bloc	
	TUB	ING, CASING, AI	ID CEMENTING RECO	RD		
HOLE SIZE	CASING &	TUBING SIZE	DEPTH S	ET	SACKS CEMENT	
. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABL	E (Test must be able for this	depth or be for full 24 hou	rs)	must be equal to or exceed top allo	
Date First New Cil Run To Tanks	Date of Test		Producing Method (Flo	w, pump, gas lift, e	tc.)	
	Tubing Pressure		Casing Pressure	C	hoke Size	
Length of Test	, abing , loss as					
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	G	as-MCF	
GAS WELL				······································		
Actual Prod. Test-MOF/D	Length of Test		Bbls. Condensate/MM	CF G	ravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	C	Choke Size	
resting method (part) vans proj						
I. CERTIFICATE OF COMPLI	ANCE		OIL	CONSERVATI	ON COMMISSION	
			APPROVED		, 19	
I hereby certify that the rules a Commission have been compli	ed with and that the	e intormation give	n .	ί.	·	
above is true and complete to	the best of my kno	wiedge and beite	E. BY			
			TITLE			
1.7			* C	awant for allowah	npliance with RULE 1104. le for a newly drilled or deepen	
Division Engineer			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
			All sections	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	(Title)		able on new and	recompleted wells	s. nd VI only for changes of owns	
8-24-6 <u>5</u>	(Date)		well name or numb	ber, or transporter,	of other such change of condition	
			Separate For completed wells.	ms C-104 must b	oe filed for each pool in multip	