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IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	
Operator		

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V.

DISTRIBUTION		NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65
FILE			
J.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	; 7.2
RANSPORTER OIL			
GAS		•	
PRORATION OFFICE		8	
Mabee Petroleum Co	orporation		
ddress 201 First Savings	Building, Midland, Texa	s 79701	
Reason(s) for filing (Check proper box)	barraing, marana, roma	Other (Please explain)	
lew Weil	Change In Transporter of: Ott Dry Gas	These zones commi	ngled 2/11/70.
Recompletion Change in Ownership X	Oil Dry Gas Casinghead Gas Condens		# MC-1804 PAC-39
			,
change of ownership give name Mand address of previous owner	abee Royalties, Inc., 20	1 First Savings Bldg., M	Midland, Texas 79701
ESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
Lease Name Belcher	1 Tubb & Drink	State Federal	or Fee Fee
_ocation			
Unit Letter M; 660	Feet From The South Line	e and 660 Feet From T	West
Line of Section 7 Tow	nship 22-S Range	38-E , NMPM,	Lea County
ESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Off Admiral Crude Oil		P.O. Box 1713, Midland	. Texas
Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
Warren Petroleum (Corporation	P.O. Box 1589, Tulsa,	Oklahoma /4102
If well produces oil or liquids,	Unit Sec. Twp. 1846. M 7 22-S 38-E	Yes	July 25, 1968
give location of tanks.	h that from any other lease or pool,	give commingling order number:	MC-1804 SHC-39
COMPLETION DATA .	Off Well Gas Well	New Well Workover Deepen	Plua Pack Same Res'v. Diff. Res'
Designate Type of Completion			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Turing Depth
Perforations			Depth Casing Shoe
	TURING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top all
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ifi, etc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Cosing Piessas	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
CAS WEIT		-	10 11-11-
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		OIL CONSERV	ATION COMMISSION
CERTIFICATE OF COMPLIAN	NCE	O SEDO	
I hereby certify that the rules and	regulations of the Oil Conservation	AFFROVE	19
Commission have been complied	with and that the information giver		Ames

VI

above is true and complete to the best of my known

Contro C. Mc Forland (Signature)
Engineer
(Title)
September 21, 1970
(Date)

TITLE JUPERVISOR DISTRICT

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 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.

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LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR		L_	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLES. AND ON TO TRANSPORT OF MICH.

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

U.S.G.S.	AUTHORIZATION TO TRAI	SPORT OLL MIDWATURAL	GAS
LAND OFFICE	JUL	<u>., – , – , – , – , – , – , – , – , – , –</u>	
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Mabee Royalties,	, Inc.		
Address	gs Building, Midland, Tex	kas 79701	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	_	
Recompletion	Oil Dry Gas	: [_]	
Change in Ownership	Casinghead Gas Z Conden	sate	
f change of ownership give name			
DESCRIPTION OF WELL AND I	LEASE	ormation Kind of Lea	se Lease No.
Lease Name Belcher	Well No. Pool Name, Including Fo		<u></u>
Location M . 66	O Feet From The South Lin	e and 660 Feet From	The West
Onit Letter	20.0	38-E , NMPM,	Lea County
Elife of Section			
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		oved copy of this form is to be sent)
Name of Authorized Transporter of Oil	Corneration	F. O. Box 1713, Mid1	and, Texas 79701
Admiral Crude 011 Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
Warren Petroleum C	Corporation Unit Sec. Twp. Rge.	P. O. Box 1589, Tuls	a, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	M 7 22-S 38-I	Yes	July 25, 1968
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		DW D
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest
Designate Type of Completion			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gds Pdy	
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1	il dense he could be seened ton all
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load (epth or be for full 24 hours)	oil and must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run to lanks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL	The state of the s	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
		APPROVED	, 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		To or	1 Tours
	with and that the information given he best of my knowledge and belief		X Churt
		TITLE	
A . 1 .		This form is to be filed	in compliance with RULE 1104.
If this is a request for allowable for a newly drift well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE 1 All sections of this form must be filled out comp		for a namely drilled or deeps	
		well, this form must be acco	ccordance with RULE 111.
		- All sections of this form	must be filled out completely for all
(Title)		able on new and recompleted	1 wells.

July 26, 1968 (Date)

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.