NO. OF COPIES RECE	IVED		
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SANTA FE			
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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	<u>L.</u> _	
	GAS		
OPERATOR			<u></u>
		1	l

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE & U.C.C.

AND 2C

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

U.S.G.S.	AUTHORIZATION TO TRAN	ISPORTBOIL AND NATURAL GA	AS
LAND OFFICE		~ AM 158	
TRANSPORTER GAS			
OPERATOR			
I. PRORATION OFFICE			
Operator	_		
Mabee Royalties	s, Inc.		
Address 201 First Savi	ngs Building, Midland, Te	exas 79701	
Reason(s) for filing (Check proper box)		Other (Please explain)*011	Conservation Commission
New Well	Change in Transporter of:	Orders No. R-3263	-A and No. R-3388-A
Recompletion	Oil Dry Gas	amended to design	ate Mabee Royalties,
Change in Ownership X*	Casinghead Gas Condens	Inc., as operator	Y
If change of ownership give name and address of previous owner	Yuronka & Chandler, 120-	-C Central Building, Mid	land, Texas
II. DESCRIPTION OF WELL AND I	FASE		
Lease Name	Well No. Pool Name, Including For		!
Belcher	1 Tubi	State, Federal	or Fee Fee
Location			
Unit Letter M; 66	O Feet From The South Line	and 660 Feet From T	he West
Line of Section 7 Tow	vnship 22-5 Range	38-E , NMPM,	Lea County
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S	
Name of Authorized Transporter of Oil	or Condensate	Address (Give uddiess to witten applied	
Admiral Crude Oil Corp		P. O. Box 1713, Midland	d, Texas 79701
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approx	ped copy of this form is to be sent)
No purchaser - See end		Le are getuglly connected? . Whe	200
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 7 22-S 38-E	Is gas actually connected? Whe	
	th that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completic			
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
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST F	COD AT LOWART E (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
V. TEST DATA AND REQUEST F	able for this de		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF
Actual Prod. During 1981			
' <u></u>	-		
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION
VI. CERTIFICATE OF COMPLIAN	,	1	<u></u>
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 13
	with and that the information given he best of my knowledge and belief.		
above is true and complete to the	to page or my manner and and a control		_
		TITLE	
× 1 1	1	This form is to be filed in	compliance with RULE 1104.
Ex. fu	Lug		wable for a newly drilled or deepened banied by a tabulation of the deviation
(Sig	(natyle)	tests taken on the well in acc	ordance with RULE 111.

June 17, 1968 (Date)

All sections of this form must be filled out completely for silow-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 multiply completed wells.

		 _
NO. OF COPIES RECE	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
IRANSPORTER	GAS	
OPERATOR		
PRORATION OF	FICE	

NO. OF COPIES RECEIVED				_	
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLEGWAPLE AND Form C-104 Supersedes Old C Effective 1-1-65			C=104 and C=11	
ANTA FE	REQUEST I	FOR ALLIEOWABLE,	F n n a	Supersedes Old Effective 1-1-65	
FILE	1		- •		
J.S.G.S.	AUTHORIZATION TO TRA	NSPOUNT/OIL AND 1	NATURAL GAS		
AND OFFICE		20 11 27	AM '68		
TRANSPORTER GAS			••		
OPERATOR					
+++++++++ 	†				
PRORATION OFFICE	<u> </u>				-
Mabee Royalt	ies, Inc.				
	vings Building, Midland,	Texas 79701			
Reason(s) for filing (Check proper box))	l l		Conservation	
Vew Well	Change in Transporter of:			and No. R-3	
Recompletion	Oil Dry Ga	s amended	to designat	e Mabee Roya	lties,
Change in Ownership $\overline{\mathbf{X}}^{oldsymbol{*}}$	Casinghead Gas Conder	nsate Inc. a	operator.		
change of ownership give name nd address of previous owner	Yuronka & Chandler, 120)-C Central Bui	lding, Midla	nd, Texas	
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Cormation	Kind of Lease		Lease No.
Lease Name	Well No. Pool Name, Including F		State, Federal or	Fee Fee	
Belcher	T DETING	3.4			_1
Location					
Unit Letter M; 66	60 Feet From The South Lir	ne and <u>660</u>	Feet From The	<u>West</u>	
Oint Bettet					
Line of Section 7	wnship 22-S Range	38-E , NMPI	м,	Lea	County
Name of Authorized Transporter of Oil Admiral Crude Oil Cor	rporation	P. O. Box 171	3, Midland,	Texas 79701	-
Name of Authorized Transporter of Oil Admiral Crude Oil Cor Name of Authorized Transporter of Ca	rporation singhead Gas or Dry Gas	P. O. Box 171 Address (Give address	3, Midland,	Texas 79701	-
Name of Authorized Transporter of Oil Admiral Crude Oil Cor Name of Authorized Transporter of Ca No purchaser - See er If well produces oil or liquids,	rporation	P. O. Box 171 Address (Give address Is gas actually connect	3, Midland,	Texas 79701	-
Name of Authorized Transporter of Oil Admiral Crude Oil Cor Name of Authorized Transporter of Ca No purchaser - See er If well produces oil or liquids, give location of tanks. If this production is commingled with	rporation singhead Gas or Dry Gas nclosed correspondence Unit Sec. Twp. Rge.	P. O. Box 171 Address (Give address Is gas actually connect	3, Midland, to which approved ted? When	Texas 79701 copy of this form is	to be sent)
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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 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.

C. H. July
(Signature)
(Strature) Geologist
(Title)
Tune 17 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED TITLE.

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.