- 1			
į.	HO. OF COPIES REC	CIVED	
	DISTRIBUTIO		
	SANTA FE		
	FILE		
	U.S.G.S.		
1.	LAND OFFICE		
	IRANSPORTER	OIL	
	THANS! ON LEN	GAS	
	OPERATOR		
	PRORATION OF		
	Operator		

12-12-69 (Date)

} }	DISTRIBUTION SANTA FE FILE U.S.G.S.		REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	LAND OFFICE IRANSPORTER GAS OPERATOR PROBATION OFFICE		AUTHORIZATION TO TRAI		.
1.	Operator				
-	Address		Managemnet Company ngs Bldg Midland Texas		
	Reason(s) for filing (Check proper New We!! Recompletion Change in Ownership	box)	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condens		nary 1,1970
	If change of ownership give named and address of previous owner _				
II.	DESCRIPTION OF WELL A	ND I	Well No. Pool Name, Including Fo		Lease No. r Fee Federal NM29029-B
	Sims Federal Location Unit Letter H :	 1 Q	3 Wantz Abo 30 Feet From The North Line		Foot
	Unit Letter H ;			38_E , NMPM, Le	
ıı.	DESIGNATION OF TRANSP	OR7	TER OF OIL AND NATURAL GAS	S Address (Give address to which approved	copy of this form is to be sent)
	Permain Corporation	on		Box 3119-Midland, T Address (Give address to which approved	exas
	None If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. Rge. B/G 7 22-S 38-E	Is gas actually connected? When	
IV.	If this production is commingled COMPLETION DATA	i wit	h that from any other lease or pool, a		Plug Back Same Resty. Diff. Resty.
	Designate Type of Comp.	etic		Tabl Dark	P.B.T.D.
٠	Date Spudded		Date Compl. Ready to Prod. Name of Producing Formation	Total Beptil	Tubing Depth
	Elevations (DF, RKB, RT, GR, et	c. j	Name of Producing Pointailon	700 011/ 0 = 1 1 1/	Depth Casing Shoe
	Petrorations			27.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	
	HOLE SIZE		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
	HOLL SILL				
v.	TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tanks		OR ALLOWABLE (Test must be af able for this de	ter recovery of total volume of load oil an oth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	
	Date First New Off Run 10 1 dings			,	
	Length of Test		Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test		Oil-Bble.	Water - Bble.	Gds-MCF
	CAC WELL				
	GAS WELL Actual Prod. Test-MCF/D		Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPL			OIL CONSERVAT	FION COMMISSION
	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.		BY ACCEPTAGE	linis	
	2			TITYE	
	Lee bei	gl	tt.	I the form must be accompan-	ble for a newly drilled or deepened led by a tabulation of the deviation
	Agent	(T	ile)	tests taken on the well in accord	t be filled out completely for allow-

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

NO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		i 	
LAND OFFICE			
TRANSPORTER	NEBORTER OIL		
TRANSPORTER	GAS		
OPERATOR			
PROBATION OFFICE			
0			

Area Manager (Tule)

October 24, 1969

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

LAND OFFICE	ំ ៖ <i>រ</i>		
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE Derator			
IMIERIAL - AMERICAN MA	NAGEMENT COMPANY		
507 Midland Savings Bl	dg. Midland, Texas	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:		
New Well Recompletion	Oil Dry Gas		•
Change in Ownership X	Casinghead Gas Condens	sate	
f change of ownership give name nd address of previous owner S	OLAR OIL COMPANY BOX	5596 Midland, Te	
DESCRIPTION OF WELL AND L	EASE	Kind of	Lease No.
Lease Name	Well Mg. Pool laging, meraning	amation ,	rederal or Fee Federal NM029029
Sims Federal	3 Wantz Abo		7 646747 1023023
Location Unit Letter H : 198	OFeet From TheNorth_Lin	e and660 Feet	From The East
<u>_</u>	nship 22-5 Range	38-E , NMPM,	Lea County
		- · · / / / · · · ·	•
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transporter of Oli	or Condensate		nd, Texas
Admiral Crude Oil	D. G. F.	Box 1713 Midlan	approved copy of this form is to be sent)
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (West See	
None		Is gas actually connected?	When
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	ik das actaant company	
aive location of tanks.	B/G 7 22-S 38-E		
If this production is commingled wit	h that from any other lease or pool,	give commingling order number	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res
	011		
Designate Type of Completic		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	Farmation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
			Depth Casing Shoe
Perforations			
	TURING CASING AN	ID CEMENTING RECORD	
	TUBING, CASING, A	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
		/5	
		after recovery of total volume of	load oil and must be equal to or exceed top al
. TEST DATA AND REQUEST F	OR ALLOWABLE (Fest must be able for this		
	Date of Test	Producing Method (Flow, pum	p, gas lift, etc.)
Date First New Oil Run To Tanks	Date of Leaf		
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Jubing Piesemo		
	Oil-Bble.	Water-Bble.	Gas - MCF
Actual Prod. During Test	Olf - Bole.		
			
			Gravity of Condensate
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity or commencers
Actual Prod. Test-MCF/D			Choke Size
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cuoke 2174
Testing Method (pitot, back pr.)			
		OIL CON	SERVATION COMMISSION
I. CERTIFICATE OF COMPLIA	NCE		MAN 2 1309 "
	'	APPROVED	, 19
Thereby costifu that the rules an	d regulations of the Oil Conservati	011 11 27	Atmin 1
Commission have been complied	d regulations of the Off Commation gives in with and that the information gives the best of my knowledge and believes.	of. BY	1 / W & September 1
above is true and complete to	i with and that the information government of the the best of my knowledge and believed the best of the the information government.	// SI IPERV	ISOR DISTRICT
		TITLE	
	//)	This form is to be	filed in compliance with RULE 1104.
	1 1 1	11	newly drilled or deep

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 allow 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

Forms C-104 must be filed for each pool in multipl