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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS	REQUEST	CONSERVATION CON SSI FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS			
1.	OPERATOR PRORATION OFFICE Operator Sol West III						
	Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) New Well Change in Transporter of:						
	Recompletion Change in Ownership If change of ownership give name	Oil Dry Ga Casinghead Gas X Conder					
II.	DESCRIPTION OF WELL AND Lease Name	Weli No. Pool Name, Including Fo	*	2555			
	Cocation H 231	2 Jalmat O Feet From The North Lin		Pank			
	31	Feet From The Lin	36 E , NAPA, Lea	TheCounty			
III.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil						
	Name of Authorized Transporter of Cas Phillips Petroleum Comp	pany	Bartlesville, Oklahom	1 74004			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G&H 21 23S 36E	Is gas actually connected? Wh	10/18/72			
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workever Deepen Flug Back Same Res'v. Diff. Res'v. Designate Type of Completion — (X)						
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D.			
	Perforations	, tame of programs		Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING A TURING SIZE DEPTH SET SACKS CEMENT						
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Other First New Oil Run To Tanks						
i	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size			
	Actual Prod. During Test	Oil-Bbis.	Water - Sbis.	Gas-MCF			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate MMOF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE	DE		TION COMMISSION			
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED Orig. BY Joe TITLE Dis	Signed by D. Ramey L. I, Supv.			
	Menua Helles (Signature)		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.				
	10/27/72		All sections of this form mu able on new and recompleted	at be filled out completely for allow-			

(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

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OIL CONSERVATION OF THE BUILD