AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS    TRANSPORTER   OIL	SA TAFE FI E	NEW MEXICO O	DIL CONSERVATION COMEST FOR ALLOWABLE	M, "4ON	Form C-104 Supersedes Old C-104 and C-12
Resent(s) for Filing (facek proper box) New Yell Change in Transporter of: Oil Change in Change in Transporter of: Recompletion Commercial Consensation Continues Consensation Continues Consensation Continues Consensation Continues Consensation Continues Consensation Continues	TRANSPORTER OIL GAS OPERATOR PROPATION OFFICE	AUTHORIZATION TO	AND TRANSPORT OIL AND	NATURAL GAS	Effective 1-1-65
New Wall Recompletion Oil Common to Commerciate Control Company Common Commerciate Company Common Co	Suite 200 Gib	le Towore Work Middle			
DESIGNATION OF WELL AND LEASE   Well No.   Pool Name, Including Formation   Storie, Federal or Fee   Fee	New Well  Recompletion  Change in Ownership	Change in Transporter of: Oil Dr Casinghead Gas Co	y Gas Effect	e explain)	
Leave Name   Parks   9   Drinkard   Store, Federal or Fee   Fee   Leave	If change of ownership give nan and address of previous owner_	<sup>ne</sup> Wolfson Oil Company	7, 3206 Republi	.c Bank Tower	, Dallas, Texas
Location Unit Letter N: 1980 Feet From The POPTh Line and 1980 Feet From The Cast Line of Section 14 Township 22S Range 37E NMPM. Lea oc.  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS None of Lathorized Transporter of Oil or Condensate P. O. Box 1183, Houston, Texas 770 None of Authorized Transporter of Cataloghead Cas Cor Dry Gas X El Paso Natural Gas Cor Dry Gas X El Paso Natural Gas Cor Dry Gas X El Paso Natural Gas Cor Dry Gas X If well produces oil or liquids, Unit Sec. Twp. Page. It is an actually connected? When the produced copy of this form is to be sent.  COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Tubing Casing, AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  Destrict New Oil Run To Tonks  Date of Test Meet Condensate  Tubing Pressure  Chake Size  Chake Size  Chake Size  Chake Size  Cas Well  Cas Well  Cas Well  Cas Well  Cas Manual Prod. During Test  Chief Date Completion  Tubing Pressure  Chake Size  Chake Size  Cas Well  Cas Well  Cas Well  Cas Manual Prod. During Test  Chake Size  Chake Size  Chake Size  Cas Well  Cas Well  Cas Well  Cas Well  Cas Manual Prod. During Test  Chief Pressure  Chake Size  Chake Size  Cas Well  Cas Well  Cas Well  Cas Well  Cas Mell  Cas Mell  Cas Mell  Cas Well  Cas Mell  Cas Me	I. DESCRIPTION OF WELL A	ND LEASE   Well No.   Pool Name, Including	ng Formation	Kind of Lease	Lease No.
Line of Section 14 Township 22S Range 37E , NMPM, Lea C.    DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Location	6			7 (1)
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil   A or Condensate   Name of Authorized Transporter of Coll   A or Condensate   Name of Authorized Transporter of Consignation   P. O. Box 1183, Houston, Texas 770	Line of Section 14		275		County
If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top of this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  Testing Method (Pitot, back pr.)  Tubing Pressure/Spub-tin)  Casting Method (Pitot, back pr.)  Tubing Pressure/Spub-tin)  Casting Method (Pitot, back pr.)  Tubing Pressure/Spub-tin)	The Permian Co Name of Authorized Transporter of El Paso Natura If well produces oil or liquids.	or Condensate  reporation  Castnghead Gas or Dry Gas X  al Gas Co.  Unit Sec. Twp. Rge.	P. O. Box 1  Address (Give address address (Give address addre	183, Houston o which approved copy of 492, El Paso	, Texas 77001  of this form is to be sent)
Designate Type of Completion — (X)  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  Perforations  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of the depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas life, etc.)  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  Testing Method (Pitot, back pr.)  Tubing Pressure (Short-In )  Casing Pressure (Gravity of Condensate  Testing Method (Pitot, back pr.)  Tubing Pressure (Short-In )	If this production is commingled COMPLETION DATA	with that from any other lease or poo	ol, give commingling order	number:	2
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  (Test must be after recovery of total volume of load oil and must be equal to or exceed top of the depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF  Testing Method (pitot, back pr.)  Tubing Pressure (Rhnt-ta)  Caling Press (Rhnt-ta)  Caling Press (Rhnt-ta)		tion - (X)	, workever		
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure Shipt-in   Contens pressure for the formal pressure for the	Elevations (DF, RKB, RT, GR, etc.				
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  Gas-WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method (pitos, back pr.)  Tubing Pressure(structure)  Casing Pressure  Casing Pressure  Choke Size  Gravity of Condensate	Perforations			Depth Co	using Shoe
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  Gas-MCF  Testing Method (Pitot, back pr.)  Tubing Pressure (Shure in )  Casing Pressure (Shure in )  Bbls. Condensate/MMCF  Gravity of Condensate		TUBING, CASING, A	ND CEMENTING RECORD	<u> </u>	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Gas-MCF  Testing Method (pitot, back pr.)  Tubing Pressure (Shreets)  Castan Date of Condensate/MMCF  Gravity of Condensate  Castan Date of Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate	HOLE SIZE	CASING & TUBING SIZE		_	SACKS CEMENT
Date First New Oil Run To Tanks  Date of Test  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  Gas-MCF  Testing Method (pitot, back pr.)  Tubing Pressure/Shnt-in)  Control December 101  Able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  Choke Size  Choke Size  Gas-MCF  Gas-MCF					
Date First New Oil Run To Tanks  Date of Test  Date of Tes	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total value		
Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  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)	OIL WELL	able for this c	The second of the 24 Hours		equal to or exceed top allow-
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)		Tubing Pressure	Casing Pressure	Choke Siz	:•
Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)	GAS WELL				
	Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of	Condensate
CERTIFICATE OF COMPLIANCE			Casing Pressure (Shut-i	Choke Size	•

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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.

Mary ann	Leignson
	(Signature)
Production	Clerk
	(Title)
8/19/74	

(Date)

OIL CONSERVATION COMMISSION

APPROVED. Color Signed BY\_\_\_ Jee D. Ram 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.