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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	REQUES	CONSERVATION COMMI IN T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS		
I.	OPERATOR PRORATION OFFICE Operator	1				
	Petro-Search Exploration Corporation					
		Change in Transporter of: Oil Dry (Other (Please explain) Change in na	me of operator only		
	If change of ownership give name and address of previous owner			_		
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including		se Lease No.		
	Fluor Location Unit Letter M ; 6	l Langlie-Mat				
			_	The West		
	Line of Section 35 To	ownship 22S Range	37Е , ммрм,	Lea County		
III.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Or Condensate Address (Give address to which approved copy of this form Texas-New Mexico Pipe Line Co. P. O. Box 1510, Midland, TX					
!	Name of Authorized Transporter of Co Warren Petroleum C	asinghead Gas 🔀 or Dry Gas 🗍	Address (Give address to which appropriate P. O. Box 1589, Tu	need copy of this form is to be sent) 1sa, OK 74102		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 35 22S 37E	Is gas actually connected? What Yes	4/9/74		
tv.	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:			
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
•	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		
Ī	Perforations			Depth Casing Shoe		
F			D CEMENTING RECORD			
}	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
F			`			
[-						
	TEST DATA AND REQUEST F		fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-		
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
-	Actual Prod. During Test	Oti-Bbis.	Water - Bbls.	Gas - MCF		
د. ا	GAS WELL	·.				
	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		
VI. C	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION 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,		APPROVED	APPROVED, 19		
a'			John Runyan			
	George n	Quel	This form is to be filed in compliance with RULE 1104.			
· 🗻	Vice President of	Production	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.			
	(Tit) 2/22/78	ej				

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.

ELLE, (D

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GIL CONSERVATION COMM