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1	SANTA FE							
	FILE							
	U.S.G.S.							
	LAND OFFICE							
	IRANSPORTER	OIL						
	TRANSFORTER	GAS						
	OPERATOR							
1.	PRORATION OF							

	SANTA FE			NEW		NSERVATION COMMISSION			Form C-104	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
					REQUEST FO								
				_	AND								
		J.S.G.S.			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE	011											
	TRANSPORTER	GAS											
	OPERATOR	5/3											
_	PROPATION OFF	TICE	+-+										
I.	Operator												
	Fetoril D	roduci	na C	corporation									
	Address	10duc1	ng c	orboracion		· · · · · · · · · · · · · · · · · · ·		<del></del>					
		llth Floor Vaughn Bldg., Midland, Texas 79701											
	Reason(s) for filing			stag., Miat	and, rexa		her (Please o	explain)					
	New Well		00.2)	Change in Trans	norter of:	-		,					
		H		Oil	Dry Ga:	, XX							
	Recompletion	_H		Casinghead Gas		=							
	Change in Ownership	PL			Conden								
	If change of owners	ship give n	ame										
	and address of prev					<del></del>							
II.	DESCRIPTION O	F WELL	AND I	Well No Pool I	Name, Including Fo	ormation		Kind of Lease		Lease No.			
	<del>-</del>	ac ]		1 !	elope Ridge I		g Pool	State, Federal	or Fee Federal	13838			
	Adobe Feder	rai			210bc Kinge I	.101 1 Ow Ga	31001		rederal	1 13030			
	Location	a	1650			7.0	9.0		1				
	Unit Letter	<u>G</u> ;_	1650	Feet From The	north Lin	$e$ and $\underline{}$	<u> </u>	Feet From T	he <u>east</u>				
		<b>.</b> –		00.0		al =			T				
	Line of Section	15	Tow	nship 23-S	Range	34-E	, NMPM,		Lea	County			
III.	<b>DESIGNATION O</b>	F TRANS	PORT	ER OF OIL AND		. <b>S</b>		which approx	ed copy of this form is t	o he sent)			
	Name of Authorized				ate [X]	1				0 00 30,11.)			
	Southern Un					Loving	ton, New	Mexico	88260 ed copy of this form is t	o he senti			
	Name of Authorized	Transporter	of Cas	inghead Gas 🔲 💮 or	Dry Gas X	1				1			
	Florida Hyd	drocarbo	ons C	ompany					k, Florida 37	290			
	If well produces oil	or liquids,		Unit Sec.	Twp. P.ge.	Is gas actua	illy connected	:					
	give location of tank			G   15	23S : 34E		Yes	, J	<u>une 8, 1981                                   </u>				
	If this production is	s comming	led wit	h that from any othe	er lease or pool,	give commin	gling order	number:					
īV.	COMPLETION D				•								
			1	Oil Wel	l Gas Well	New Well	Workover	Deepen	Plug Back   Same Res	v. Diff. Resiv.			
	Designate Typ	pe of Com	pletio	n - (X)		l 1	l 1	.t		1			
	Date Spudded			Date Compl. Ready 1	to Prod.	Total Depth			P.B.T.D.				
	Elevations (DF, RK)	B, RT, GR,	etc.;	Name of Producing F	Formation	Top Oil/Ga	s Pay		Tubing Depth				
	Perforations								Depth Casing Shoe	}			
				TUBIN	G, CASING, AND	CEMENTI	NG RECOR	<u> </u>					
	HOLE	SIZE		CASING & TI			DEPTH SE		SACKS CEN	MENT			
	<u> </u>												
						<u> </u>							
v	TEST DATA AN	D REQUE	ST FO	OR ALLOWABLE	(Test must be a	fter recovery	of total volum	ne of load oil o	and must be equal to or	exceed top allow-			
٧,	OIL WELL	D IIIQU-			able for this de	pth or be for	full 24 hours,	)					
	Date First New Oil	Run To Tar	nks	Date of Test	Producing Method (Flow, pump, gas lift,			, etc.)					
	Length of Test			Tubing Pressure		Casing Pre	ewe		Choke Size				
	Actual Prod. During	Test		Oil-Bbls.		Water - Bbls	•		Gas-MCF				
	GAS WELL												
	Actual Prod. Test-	MCF/D		Length of Test		Bbls. Cond	ensate/MMCF	•	Gravity of Condensate				
	Testing Method (pit	tot, back pr.	.)	Tubing Pressure (S	hut-in )	Casing Pre	seure (Shut-	-in)	Choke Size				
						<u> </u>							
<b>3/1</b>	CERTIFICATE	OF COMP	TIANO	TF.			OIL	ONSERVA	TION COMMISSIO	N			
¥ 1.	CERTIFICATE OF COMPENSAGE						1 to						
	I hereby certify that the rules and regulations of the Oil Conservation					APPRO	√ED			, 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Orle, Signer	1 hie					
					BY								
				TITLE Oil & Gas Insp.									
					This form is to be filed in compliance with RULE 1104.								
•-		D A				Thi	form is to	be filed in	compliance with RUL	E 1104.			
	Richy middleton				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								
			(Signo	itwe)		tests tal	cen on the '	well in accor	Mance with RULE !!	1.			
	V	PROD	UCTI	ON CLERK		A11	All sections of this form must be filled out completely for allow-						
		(Title)				able on new and recompleted wells.							
		FEBRUARY 3, 1981 (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						
							arate Formi	C-104 mus	f he illed for ascu	, in muchpay			
						completed wells.							