CIVED	į			
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
OIL				
GAS				
OPERATOR				
PRORATION OFFICE				
17				
Con	ten	تر بع		
(Check p	roper	box)		
<u>,                                     </u>				
	OIL GAS FICE Con (Check p	OIL GAS FICE Contin		

## IEW MEXICO OIL CONSERVATION COMMISS

110

FILE		REQU	REQUEST FOR ALLOWABLE		Supersedes ( Effective 1-1	Supersedes Old C-104 and C-	
U.S.G.S.		AUTUODIZATIONI TO	AND	AND RANSPORT OIL AND NATURAL GAS			
LAND OFFIC	E	AUTHORIZATION TO	TRANSPORT OIL AN	D NATURAL	. GAS		
TRANSPORT	FR OIL						
	GAS						
OPERATOR		•					
1. PRORATION Operator				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	Continu	tal Dil Come					
Address	4	Col Col Col		·			
	Dox 4	160 Hobbe 11 m	88240				
Reason(s) for fil	ing (Check proper b	oox)	Other (Pla	ase explain)			
New Well Recompletion	H	Change in Iransporter of:	ory Gas Chora	10 Manu	٠,		
Change in Owne	rship	1 1	Condensate Orman	4 mil	ein Federal n	,	
T				) . , , , , ,	72	4./	
	nership give name previous owner						
II DESCRIPTION							
II. DESCRIPTION		Well No Dool Name Includ	ing Formation	Kind of Lea	(SA		
note 9	I may Il.	nit 5 Elmer W	On Lawrence	State, Fede		Lease No.	
i			_	<u> </u>			
Unit Letter	<u> A: 6</u>	6 0 Feet From The MOCTH	_Line and	Feet From	The EAST		
!							
Line of Section	<u>уп ДЭ Т</u>	Fownship 26-5 Range	JI-Z , NM	PM, 20	e A	County	
III. DESIGNATION	OF TRANSPO	RTER OF OIL AND NATURAL	. GAS				
Name of Authori	zed Transporter of C	or Condensate	Address (Give addres	s to which appr	oved copy of this form is	to be sent)	
1-1 X45	HEW MEXI	Co /// // // Or Dry Gas _	Box 1510	Midla	A TEXAS		
Name of Authoris	f. Tal	or Dry Gas or Dry Gas	Address (Give addres	is to which appr	oved copy of this form is	to be sent)	
74616125	12/Esleum	Unit Sec. Twp. Ege	Is gas actually conne	ected? W	hen		
give location of		A 25 26 3	> yes	1	NA		
If this productio	n is commingled v	with that from any other lease or p		der number:			
IV. COMPLETION	DATA						
Designate	Type of Complet	cion - (X)	ell New Well Workove	r Deepen	Plug Back   Same Re	s'v. Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	J	
Elevations (DF,	RKB, RT, GR, etc.;	Name of Producing Formation	Top Oll/Gas Pay	· · · · · · · · · · · · · · · · · · ·	Tubing Depth		
D-6							
Perforations					Depth Casing Shoe		
	<del></del>	TURING CASING	AND CEMENTING RECO	)PD			
ног	LE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEN	MENT	
				<del></del>			
V. TEST DATA A	ND REQUEST !	FOR ALLOWABLE (Test must	be after recovery of total vo	Jump of load oil			
OIL WELL			is depth or be for full 24 hor	rs)	and must be equal to or	exceed top allow-	
Date First New C	11 Run To Tanks	Date of Test	Producing Method (Fl	ow, pump, gas l	ift, etc.)		
Length of Test		Tubing Pressure	Casing Pressure		Choke Size		
Langua or real		I comy Plesame	Cdsing Pressure		Choke Size		
Actual Prod. Duri	ng Test	Oil-Bbls.	Water-Bbls.		Gas-MCF		
GAS WELL Actual Prod. Tes	t-MCF/D	Length of Test	Bbls. Condensate/MM	CE	Communication in	····	
	, 2	Zengui er rest	DDIS. COMMISSION W.W	C.	Gravity of Condensate		
Testing Method (	oitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shr	rt-in)	Choke Size		
				·····			
The CERTIFICATE	OF COMPLIAN	NCE	OIL	CONSERVA	ATION COMMISSION	N	
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, 19				
		. BY		Lean.	The Control of the Co		
			TITLE				
. ^	_	•			compliance with RULE	1104	
	lleani.		If this is a re	quest for allow	wable for a newly drille	d or deepened	
1.10	(Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
A/150	Signature)  A Styl ant (Title)  5/1/1/5  Sure)  10more(5/USCS(2) 5/12			All sections of this form must be filled out completely for allowable on new and recompleted wells.			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	ute)		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.			
Mm vic 5	14565(2)	tile	Separate Form	ns C-104 mus	t be filed for each po	ool in multiply	

Separate Forms C-104 must be filed for each pool in multiply completed wells.