NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			<u> </u>
FILE		\prod_{-}	
U.\$.G.\$.			L_
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORTER	G AS		
OPERATOR			
PROPATION OFFICE			

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE Operator	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65 GAS			
	Tahoe Oil & Cattle CO. Address P. O. Box 3084, Midland, Texas 79702						
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conden	s so gun barrel c	-			
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lea	se Lease No.			
	Roy Whitten	l Jalmat Yate	S State, Feder	ral or Fee Fee			
	Location H 1650 Unit Letter;	Feet From The North Lin	e and 330 Feet From	The East			
	Line of Section 33 Tow	nship 23S Range 36	E , NMPM, <i>Lea</i>	County			
Ш.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil The Permian Corporation	or Condensate	Address (Give address to which appr P. O. Box 1183, Housto.	oved copy of this form is to be sent) n. Texas 77001			
	Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗔 El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79941 Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 33 23S 36E	Yes				
	If this production is commingled with COMPLETION DATA	n that from any other lease or pool,	give commingling order number:				
1 .	Designate Type of Completio	. 1	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
			DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEF THISE!				
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	il and must be equal to or exceed top allow-			
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas	lifi, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF			
,							
i	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERV	VATION COMMISSION			
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the		BY JAN W. G	unifetu 2010 juli			

VI.

December 17, 1979

6 11	7				
Signature)					
K. A. Freeman	, Petroleum	Engineer			
	(Title)				

(Date)

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