NO. OF COPIES RECEIVED		•	
DISTRIBUTION	NEW MEXICO OIL CO REQUEST F	NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	GAS G
OIL TRANSPORTER GAS			
OPERATOR	-		
PRORATION OFFICE	MAN DRILLING COMPANY		
Reason(s) for filing (Check proper box	Midland, Toxis	Otl	
Liew Weit	Change in Transporter of:		IBLE
Record letter.	Cil Dry Gas Casinghead Gas Dondens		
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND	LEASE	e, including Formation	Kind of Lease
Lettre flame	r well no. I obt Mua	imat - Yatus / Rivers	State, Federal or Fee <b>State</b>
Legation	60 North	Eest Fro	m The
finit Letter1	feet From TheLine	97. st 1.00	County
Line of Deption , To	wnship Bar. je	, NMPM,	County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which app	proved copy of this form is to be sent)
		Address (Give address to which ap	proved copy of this form is to be sent)
Linne of Authorized Transporter of C <b>Northern</b>	ALUILL WAS COmpany	210 Quif Sulidi	ay, Bidlend, Toxes
If well produces oil or liquids, vive location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When <b>Havenber 3, 1946</b>
1	ith that from any other lease or pool,	give commingling order number:	NO
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complet	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.
3-20-39		Top Oli/Gas Pay	Tubing Depth
1-oal <b>Ja last</b>	Name of Producing Fornation	2992	Depth Casing Shoe
ferforations 2992+3124			
		D CEMENTING RECORD	SACKS CEMENT
HOLESIZE	CASING & TUBING SIZE	1260	200
7+3/4		3907	
			i i i i i i i i i i i i i i i i i i i
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this d	ifter recovery of total volume of load epth or be for full 24 hours) Producing Method (Flow, pump, go	oil and must be equal to or exceed top allou
Date First New Cil Run To Tanks	Date of Test	Producing Method (Plow, pump, go	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Frod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL	It as all of Toos	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-Meh	Length of Test	#73745%F	\$ <u>1</u>
Tasting Method (niget, back pr.)	Tubing Pressure 400 PAIC	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIA	INCE		RVATION 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.		•   i	, 19
-		TITLE	•
0.2	0. S. Crews		1 in compliance with $RULE$ 1104.
Administrative Coordinator		If this is a request for allowable for a newly drilled or deepene 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 for	m must be filled out completely for allo
November 4, (Title)		able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owne well name or number, or transporter, or other such change of conditio	
	(Date)	Separate Forms C-104	must be filed for each pool in multip
		completed wells.	