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-	NO. OF COPIES RECEIVED		Form C-104							
┝	SANTA FE		ONSERVATION CUMMISSION	Supersedes Old C-104 and C-110						
F	FILE		AND	Effective 1-1-65						
	U.S.G.S.	AUTHORIZATION TO TRA	S							
┝	LAND OFFICE									
	TRANSPORTER GAS									
	OPERATOR									
1.	PRORATION OFFICE Operator									
	Carter Foundation Production Company									
Γ	Address	erait, Texas 79745.								
	Reason(s) for filing (Check proper box)	ATHEN TOTAL IN 1474	Other (Please explain)							
	New Well	Change in Transporter of:		CHIM						
		Oil Dry G Casinghead Gas Conde	- I AFMER 1) C	C. //// //						
	Change in Ownership									
	If change of ownership give name and address of previous owner		IN WELL HAD BEEN FLACED BUTTLE POOL SIGNATED BELOW. IF YOU DO NOT CONCUR							
			FY THIS OFFICE.							
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name. Incl		Formation Kind of Lease	cr Fee Federal 364118						
	B. C. H111 MB	2-0 Blinebry 011	State, Federal	cr Fee Federal JO4LLB						
	Location	a Sireth .	ne and 1655.5 Feet From Ti	Bast						
	Unit Letter <u>B</u> ; 844	Eeet From The North	ne and Feet From Ti							
	Line of Section 34 Tow	mship 23-3 Range	37-2 , ммрм, 1.0	County						
			AS							
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)						
	Terras - Lieur Marrieo Pin	e Line Gompany	Midland, Texas 79701 Address (Give address to which approv	ed conv of this form is to be sent)						
	Name of Authorized Transporter of Cas	singhead Gas 🛣 or Dry Gas 🛄								
	El Paso Hatural Cas Co	TUnit Sec. Twp. Rge.	El Paso, Taxas Is gas actually connected?	n						
	If well produces oil or liquids, give location of tanks.	E 35 23-8 37-2	Yes							
	If this production is commingled with	th that from any other lease or poo	l, give commingling order number:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion	$\operatorname{on} - (X)$	X							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 5.8 :0						
	1-27-1953	Vame of Producing Formation	9.371 Top Oil/Gas Pay	Tubing Depth						
	Elevations (DF, RKB, RT, GR, etc.) 3,275 DP	Elinebry Oil	5,457	5,404						
			5,1213 5,140	Depth Casing Shoe 9,337						
	5,457; 5,467; 5,473; 5	4761 3,2031 3,2411 7,24	23; 5,590; 5,673; 5,678; ND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
	17-1/2	13-3/8	314	300						
	12-1/4	9-5/8	2,928 9,337	675						
	8-3/4	2"	5.404							
V	. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)									
1	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)							
	Date First New OII Run 10 Tunks	4-26-1972	Floring	Choke Size						
	Length of Test	Tubing Pressure	Casing Pressure Packer	18/64						
	24 hrs.	450 to 500	Water - Bbis.	Gas - MCF						
	Actual Prod. During Test 85.73	77.73	8	266						
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
	Actual Prod. Test-MCF/D									
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
				ATION COMMISSION						
Ų	T. CERTIFICATE OF COMPLIA	NCE	MA							
	I hereby certify that the rules and	d regulations of the Oil Conservation gives and that the information gives	ton APPROVED							
		with and that the information giv he best of my knowledge and beli								
	above to the and complete to									
			mula form is to be filed in	compliance with RULE 1104.						
	barter magindi			mable for a newly drilled or deepened						
	Name Ingenation (Si	gnature)	well, this form must be accompanied by a tabulation of an tests taken on the well in accordance with RULE 111.							
	Field Henag	Title)	All sections of this form m	All sections of this form must be filled out completely for allow- able on new and recompleted wells.						
		972		TT TT and VI for changes of owner,						
		(Date)	Fill out only Sections 1, 11, 111, and via the such change of condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply							

	Fill out only S well name or number	ections , or tran	I, II.	III r, or	, and other	VI suc	for cl ch che	inge o	n of f co	owner, ondition.
- 1	Separate Forma completed wells.	C-104	must	Ъe	filed	for	each	pool	in	multiply

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