NO. OF COPIES RECEIVED			
DISTRIBUTION	EW MEXICO OIL C	CONSERVATION COMMISSIC .	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-1/4 and C-1. Effective 1-1-85
FILE		AND	Filective 1-1-22
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GAS	
LAND OFFICE	<u>+</u> 1	National Control	
TRANSPORTER			
GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Gottan O	Kl. Company		
Address	NOTES TO THE PARTY OF THE PARTY		
70.0	ox 249, Hobbs, How Mexico 8	<b>Pak</b> o	
Reason(s) for filing (Check prope	or hor)	Other (Please explain.	
New Well	Change in Transporter of:		
<del></del>			**_ ** #1
Feccompletion	Dry Go	Lought The acc. UTSE2	"B" #4
Change in Ownership	Casinghead Gas Conde	nsate	
The change of automatic automate	·ma		
<ul> <li>If change of ownership give na and address of previous owner</li> </ul>	Tidewater Oil Company.	P. G. 3 249, Hobbs, Nev M	ext.co 88240
II. DESCRIPTION OF WELL A	AND LEASE		
Lease Name	Med No. Pool Name, Including F		i, e tse
George Riggs	s "B" 4 Tanglie Mattix	7 Rivers Queen State over 18	e Fed.
Lengtion			
	GGO Nowth	ne and 1980	East
Unit Letter B	560 Fret From The North Lin	ne and	1.00 A
	_	25-	*
Line of Jection 1	Township 268 Range	37E , NMPM,	<u> Lea                                   </u>
II. DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter	of Gil <b>1</b> or Condensate	Address (Give address to which approved :	py of this form is to be seat
		Box 1510, Midland, Te	TAG.
Language Authorized Transporter	iew Mexico Pipeline Co. of Casinghed Gas or Dry Gas	Address (Give address to which approved a	ppy of this form is to be sent?
		Box 1384, Jal, New Me	
EI Paso	Natural Gas Co.		ALCO
If well produces oil or liquids,	Init Sec. Twp. Rge.	1	
give location of tanks.	A 1 26 37	Yes	
If this and dusting in commingle	ed with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	ed with and should diff other rouge of poor,		
	Oil Well Gas Well	New Well Workover Dasper.	g Back - Same Restrict Lift, Destr
D	oletion = (X)		
<ul> <li>! Designate Type of Comp</li> </ul>	1	•	
Designate Type of Comp	1	Total Death	1. F.1.2.
Designate Type of Comp	Cate Compl. Ready to Prod.	Total Depth 8 2	
Date Spudded	Sate Compl. Ready to Prod.	Total Boşiii	
Date Spudded	1	Total Depth Fig.	a, color
Date Spudded	Sate Compl. Ready to Prod.	Top Oil/Gas Pay	opte
Date Spudded	Sate Compl. Ready to Prod.	Top Oil/Gas Pay	
Date Spudded  Elevations (DE, RKE, RT, GR, e	Sate Compl. Ready to Prod.	Top Oil/Gas Pay	opte
Date Spudded  Elevations (DE, RKE, RT, GR, e	Sate Compl. Ready to Prod.	Top OtiviGas Pay	opte
Date Spudded  Elewattons (DF, RKE, RF, GR, e)  Perforations	Date Compl. Ready to Prod.  State Compl. Ready to Prod.  TUBING, CASING, AN	Top Oil, Gas Pay	oth Casing Shoe
Date Spudded $Elevations(DF,RKE,RT,GR,e)$	Sate Compl. Ready to Prod.	Top OtiviGas Pay	os a
Date Spudded  Elewattons (DF, RKE, RF, GR, e)  Perforations	Date Compl. Ready to Prod.  State Compl. Ready to Prod.  TUBING, CASING, AN	Top Oil, Gas Pay	oth Casing Shoe
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Date Spedded  Elevations (DF, RKE, RF, GR, e)  Perforations	Date Compl. Ready to Prod.  State Compl. Ready to Prod.  TUBING, CASING, AN	Top Oil, Gas Pay	oth Casing Shoe
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C. K. Illade

Area Superintendent (Title)

September 30, 1967

Choke Size Gas - MCF Gravity of Condensate /MMCF Choke Size Shut-in) DIL CONSERVATION COMMISSION 3 1967 OCT 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 completed wells.