.U. U. COPIES RECI	1		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	<u> </u>	
TRANSI ORTER	GAS		
OPERATOR			
		1	

NEW MEXICO OIL CONSERVATION COMMIS

Form C-104
-----dee Old C-104 and C-110

		REQUEST	FUR ALLOWABLE	Effective 1-1-65			
	FILE	_	AND				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE						
	IRANSPORTER OIL						
	GAS	1					
	OPERATOR						
1.	PRORATION OFFICE						
	Operator						
	Longhorn S	Service & Drilling Comp	any				
	Address						
	Box 968, 1	Keimit, Texas 7974					
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry G	as				
	Change in Ownership X	Casinghead Gas Conde	ensate				
	If change of ownership give name	Shall Oll COMPANY Box	1500 Midla d Tavas				
	and address of previous owner	ddress of previous owner Shell Oil COMPANY, Box 1509, Midland, Texas					
**	DESCRIPTION OF WELL AND	I FACE					
11.	Lease Name	Well No. Pool Name, Including F	Formation Kind of Leas	Lease No.			
	Wills- Federal		ates-Seven Riber sate, Federa	al or Fee Federal			
	Location						
			660	- week			
	Unit Letter E ; 660	Feet From The SOULD Li	ne and 660 Feet From	The WESC			
			96 NUM	County			
	Line of Section 33 Tow	vnship 26 Range	37 , NMPM, Lea	County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	nied conv of this form is to be sent)			
	Name of Authorized Transporter of Oil						
	Texas-New Mexico Pipel	ine Company	Box 1510, Midland	i, Texas			
	Name of Authorized Transporter of Cas	singhead Gas 📉 or Dry Gas 🦲	Address (Give address to which appro				
1	1 Paso Natural Gas Comp	any	Box 1384, Ja1, No.				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually commercial,	nen			
	give location of tanks.	E 33 26 37	yes	April 8, 1959			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA						
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	Designate Type of Completion	on = (X)	1 1 1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	NOLE SIZE						
			6	l and must be equal to or exceed top allow-			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this d	after recovery of total volume of load of depth or be for full 24 hours)	and must be equal to or exceed top account			
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas I	ift, etc.)			
Date First New Oil Run To Tanks Date of Test							
		Tubias Bassaura	Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	Cashing 1.1000 = 1				
			Water Phia	Gas-MCF			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	323			
	`						
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
		CF	OIL CONSERV	ATION COMMISSION			
VI.	CERTIFICATE OF COMPLIAN	CE					
				NY 1 8 1970 19			

VI

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.

D. W	D. Cram	and)	Dabber N	Constant
1. XX XXXX	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Signature)	soony u.	CLEMIOLG
	_P:	artner		
		(Title)		
	May	1, 1970		
		(Date)		

SUPERVISOR DISTRICT TITLE

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 mells

MAY 18 1976

SUPERVISOR DISCLESS

REDEIVED

LAY 1 / 1970

ON CONSERVATION CARIMA NOBES, AL IA