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DISTRIBUTION			
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.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORTER	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION ANTA FE ILE .S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COMMIS. 4 FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-194 Superseding Old C-104 and C-110 Effective 1-1-65		
I.	Operator					
	Armer Oil Company					
	2110 Continental National Bank Bldg., Fort Worth, Texas 76102 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	one (1 least explain)			
	Recompletion Change in Ownership X 4/1/74	Oil Dry Ga Casinghead Gas Conder	77			
	If change of ownership give name and address of previous owner	Trucker's Water Comp	pany, P. O. Box 1196,	Eunice, New Mexico 882		
II.	DESCRIPTION OF WELL AND	LEASE		· 		
	Lease Name Gulf State	Well No. Pool Name, Including F 1-SWD San Andres	į.	C		
	Location					
	Unit Letter M ; 66	Feet From The South Lin				
	Line of Section 2 To	wnship 235 Range	37E , NMPM, Lea	County		
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	ved copy of this form is to be sent)		
	Name of Authorized Transporter of Ca		Address (Give address to which appro	ved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en		
	If this production is commingled win COMPLETION DATA	ith that from any other lease or pool,				
	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	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	1	1.	Depth Casing Shoe		
		TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v	TEST DATA AND REQUEST F	OR ALLOWABLE. (Test must be a	Ifter recovery of total volume of load oil	and must be equal to or exceed top allow-		
•	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 allowable for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Date Flist New Oil Flair To Faire					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bble.	Water-Bbis.	Gas - MCF		
	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		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APPROVED			
	I hereby certify that the rules and	ereby 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.		BY Oriental Land			
	ONS	/	TITLE This form is to be filed in	compliance with RULE 1104.		
	(Signiture)		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			
	Production Manager (Title)		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.			

April 1, 1974 (Date)

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.