	DISTRIBUTION ANTA FE	REQUES	CONSERVATION COMMISSION T FOR ALLOWABLE AND Form C-104 Supersedes Old C-104 Effective 1-1-65		Old C-104 and C -65	
	J.S.G.S. AND OFFICE TRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TE	RANSPORT OIL AND NA	TURAL GAS	í	
1.	PRORATION OFFICE Operator Texas West Oil & Gas Corporation Address					
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion X Oil Dry Gas X Change in Ownership Castinghead Gas Condensate					
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including				
	State "1"	1 Antelope Ridge		nd of Lease Ite, Federal or Fee State	L-7040	
		310 Feet From The North	1 066 bnp ent	Geet From The West		
	Line of Section 2 7	Fownship 24S Range	34E , NMPM,	Lea	County	
ш.	DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	AS			
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	El Paso Natural Gas Company El Paso, Texas 79978 Box 1492					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 2 24S 34E	Is gas actually connected? Yes	When 11/28/75		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: N/A COMPLETION DATA					
	Designate Type of Complet	tion - (X) Oil Well Gas Well	New Well Workover I	Plug Back Same Re	s'v. Diff. Res	
	Date Spudded 10/29/75	Date Compl. Ready to Prod. 11/28/75	Total Depth 13,900	P.B.T.D.	1	
	Elevations (DF, RKB, RT, GR, etc.) 3465.6' GR		Top Oil/Gas Pay 12,350'	Tubing Depth 12,000'	•	
	Perforations 12,350 to 12,426			Depth Casing Shoe		
	2-7/8" tbg set @ 12,000' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
	13-3/4"	10-3/4"	5,213	3,125 sx		
	9-1/2"	7-5/8"	11,900'	1,170 sx		
	6-1/2"	5-1/2" Liner	11,463' to 12,464	150 sx		
	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 al able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
Į	GAS WELL					
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	AOF 12,167'	4 hrs	Trace			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
L	. Back Pressure	4270 psiq.	Packer	Various		
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CON	SERVATION COMMISSIO	N	
(Commission have been complied	I regulations of the Oil Conservation with and that the information given ne best of my knowledge and belief.	11 / /	hite.	19	

(Date)

President

5 December 1975

(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