	NO. OF COPIE RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE INANSPORTER OIL	REQUEST	CONSERVATION COMMISSION FFOR ALLOWABLE AND MISPORT OIL AND NATURAL	Poim C - 104 Supersoder Old C-104 and Effective 1-1-65 - GAS					
1.	GAS OPERATOR PROBATION OFFICE								
	Doyle Hartman								
	Address 312 C & K Petroleum Bldg., Midland, Texas 79701								
	Reason(s) for filing (Check proper bo	x)	01her (Please explain)						
	New Well Recompletion	Change in Transporter of: OII X Dry G							
	Change in Ownership	Casinghead Gas Conde	ensate	·····					
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND	LEASF. Well No.; Pool Name, Including F	Formation Kind of Lea	150 L 1-1-1-1-1					
	State UTP	1 Rhodes (Yates	- 1	ral cr Fee State B-7606					
	Location Unit Letter G ; 1650)Feat From The North	ne and 1650 Feet Eror	n The East					
	20								
	Line of Section 28 To	waship 26-S Range	37-Е , ммрм, Le	2a Count					
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		roved copy of this form is to be sent?					
	Texas-New Mexico Pipeline Company		Box 1510, Midland, Texas 79702						
	Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 📑 El Paso Natural Gas Co.		Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal New Mexico 88252						
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	Then					
	give location of tanks.	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 Resty, Diff. Re-								
	Designate Type of Completion	<u>^</u> i	X						
	Date Spudded 4/4/77	Date Compl. Ready to Prod. 4/20/77	Total Dopth 3371	P.B.T.D. 3340					
	Elevations (DF, RKB, RT, GR, ctc.) 2967 GL	Name of Producing Formation Yates	Top Oil/Gas Pay 3152	Tubing Depth 30 72					
	Perforations	4	1	Depth Casing Shoe					
	3153 -3278 (Yates) TUBING, CASING, AND		CEMENTING RECORD	3371					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	<u>11</u> 7 7/8	<u>8 5/8, 28#</u> <u>4 1/2, 10,5#</u>	605 3371	275					
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. OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top all.								
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Preducing Method (Flow, pump, gas I	ift, etc.)					
	4/19/77	4/28/77 Tubing Pressure	Flowing Casing Presevue	Choke Size					
	24 hrs	FTP=115	FCP=450	20/64					
	Actual Pred. During Tool	Oil-Bbis. 84	36	42					
	CAC 1997 T		· · · · ·						
ſ	GAS WELL Actual Fred. Teol-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condennate					
ļ	Testing kivihed (pitot, back pr.)	Tubing Processo (Shui-10)	Cosing Pressure (Shut-in)	Chake Size					
l	<u></u>								
71. 1	CERTIFICATE OF COMPLIANC	CE							
I hereby cortify that the rules and regulations of the Oil Connervation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED JUN & 1977 BY Orig. Signed by Jerry Sexton TITLE Dist 1, Supy. This form is to be filled in compliance with RULE 1104.						
						Loyh Hav		If this is a request for allow	weble for a newly dilled or decision
					-	(Signalwe) Operator - Part Owner		touts taken on the well in acco	
-	(Tul		All sections of this ferm must be filled out completely for allo- eble on new and accompleted viells. Fill out only Sections I, B, III, and VI for charge a of a well name or number, or transporter, or other such change of conduc-						
	6/1/77(Dat	•)							

REELED

UNE 7 1977 CHE COMPLEMENT ON COMM. NORDO, M. M.