	DISTRIBUTIO			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
	IRANSPORTER	OIL		
		GAS		
	OPERATOR -			
ı.	PROBATION OF		I	

NEW MEXICO OIL CONSERVATION CON. .. SION ...

Form C+104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-17 Effective 1-1-65			
	FILE		AND				
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS			
	OIL OIL						
	TRANSPORTER	1					
	GAS	4					
	OPERATOR .	4					
I.	PROBATION OFFICE Operator	<u> </u>					
	·						
	O. H. Berry						
		Suite 188 One Marienfeld Place, Midland, Texas 79701					
,	Suite 188	<u>One Marienfeld Place</u>	/ 1120201101	9701			
	Reason(s) for filing (Check proper box,		Other (Please explain)	fective July 1, 1981			
	New Well	Change in Transporter of:	Change i	in operator from			
	Recompletion	CII Dry Go	3	_			
	Change in Ownership X	Casinghead Gas Conder	sate Gifford, Mitch	nell & Wisenbaker			
	Operator (If change of general Strate of Genera	Gifford, Mitchell & W	Jisenbaker				
		1280 MNB Tower, Midla					
	the state of the s	•	111U y 18403 - / 7 / V1				
**	operate DESCRIPTION OF WELL AND						
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.			
	3 GII-	No Custon	State, Feder	ral or Fee State L-1102			
	Amoco State	s I I NO. Custer	Yates SR Suit, Feder	State L-1102			
	1						
	Unit Letter B : 8() O Feet From The North Lin	e and 1650 Feet From	The East			
	Line of Section 36 Tov	vnship 24-S Range 35	5-E , NMPM,	Lea County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of Oil	XX or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)			
	Basin, Inc.	_	P. O. Box 2297, Mid	lland. Texas 79702			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)			
	None			•			
		Unit Sec. Twp. Pge.	Is gas actually connected?	hen •			
	If well produces oil or liquids, give location of tanks.		No	II			
	<u> </u>		l No	Unknown			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	LOU WALL CON WALL	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	Oll Well Gas Well	New Well Workover Deepen	Flug Buck Same Nes 1. Ditt Nes 1.			
	Designate Type of Completion	Xi	ļ				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	8-4-78	9-14-78	37.75'	3770'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	3367' GR	Capitan Reef	3643'	3611.			
	Perforations	J COLP + 2001 AND 1		Depth Casing Shoe			
	3668-3692'			3671'			
		TUBING CASING AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUEING SIZE	DEPTH SET	SACKS CEMENT			
				750 sxs.			
	12-1/4"	8-5/8"	1400'	450			
	7-7/8"	5½" 2-3/8"	3766'	450			
		2-3/8"	3611'				
			<u> </u>				
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-			
	OIL WELL	pth or be for full 24 hours)	1.6				
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	nyi, etc.)			
	Length of Tset	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Pred, During Test	Oil-Bbls.	Water-Bbls.	Gan-MCF			
	•						
	OAC WELL						
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate			
	Actual Pros. 1981-NCF/D	Equition 1 and					
			Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pt.)	Tubing Pressure (Shut-in)	Casting Presenting (Since 1-)				
VI.	CERTIFICATE OF COMPLIANCE	C E	. OIL CONSERV	ATION COMMISSION			
				t tax's			
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	Jöl			
	Communica have been complied w	ith and that the information given	0:	1 131			
	above in true and complete to the	best of my knowledge and belief.	BY Orig	BY Original B			
	.*		Jerry Sexter	BY Orig. Signed By TITLE Jerry Sexton Dist L. Supply Olived in compliance with Bull. 1194.			
	. 2		Diet L Sup	ijw			
			II This form is to be then in	Compilation with Noun Committee			
	(-7V. Din	- My	If this is a request for sile	overble for a newly drilled or deepened			
	(Signa	ntive)	Il it is a form mount be accome	ABILEG DY & (RDGIRGIOR OF CHA CATACTOR			
	Operator		tests taken on the well in accordance with AULE 111. All exctions of this form must be filled out completely for allow-				
		le)	able on new and recompleted t	NO119.			
	30 June 1981		miss is only then them !	if III and VI for changes of owner			
	Jo June 1901	(e)	well name or number, or transporter, or that each trange				
			well name of human, or transport he filed for each pool in multiply				

Separate Forms C-104 must be filed for each pool in multiply completed wells.