NO. OF COPIES RECE	IVED		
DISTRIBUTIO			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
INAMOPONIEN	GAS		
OPERATOR			
BRORATION OF	T		

11-19-86 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.S.G.S.		+		AUTHORIZAT	TON TO TRAN	ISPORT OIL	- AND NA	TURAL GA	45		
TRANSPORTER OIL	-	\perp									
GA	s	\dashv									
PROPATION OFFICE		\dashv									
Operato: SAB	A E	NF	RG	Y, INC.							
Address					505	^ 5					
P.O. Bo					, TX. 797		(01	_1_1_			
Reason(s) for filing (Cher New Well	:k proj	per	box j	Change in Transp	orter of:	Offic	er (Please ex	piain)			
Recompletion				Cii [Dry Gas						İ
Change in Ownership X				Casinghead Gas	Condens	sate					
If change of ownership and address of previous	give r	ar er_	ie C	Clyde Petrolo	eum, Inc.	; P.O.	Box 166	56; Bre	eckenrid	ge, TX.	. 76024
DESCRIPTION OF W	ELL	A!	ND I	LEASE. Well No. Pool No	- Including Fo	- matter	12	nd of Lease			ease No.
Lease Name Knight				1 1	lie Matti		1		or Fee F	ee	_edse No.
Location										l	
Unit Letter	;.	19	980	Feet From The	South Line	, and 660		Feet From T	he West		
Line of Section	22		Tov	waship 24S	Range	37E	, NMPM,		Lea		County
						•					
DESIGNATION OF T	RAN	SP r o	ORT	Y or Condensa		Address (Give	e address to t	uhich approv	ed copy of this	form is to be	sent)
				Pipeline C					os, NM.		5001
Name of Authorized Tran	sporte	er of	i Cas	singhead Gas or I	Jry Gas	Address (GIV	e agaress to t	onica approv	ea copy of this	jorni is to be	sem)
If well produces oil or li	quids,			Unit Sec. T	wp. Rge.	Is gas actual	ly connected?	Whe	n		
give location of tanks.					24S 37E	<u></u>					
If this production is co COMPLETION DATA		gled	iwit	th that from any other	lease or pool,	give comming	ling order n	umber:			
Designate Type of		mp!	letic	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back S	Same Resev.	Diff. Resfv.
Date Spudded				Date Campl. Ready to	Prod.	Total Depth			P.B.T.D.		
						m 04140-	f)		Tubing Depth		
Elevations (DF, RKB, R	Γ, GR,	, et	c.;	Name of Producing Fo	rmation	Top Otl/Gas	Pdy		l abing Depti.		
Perforations									Depth Casing	Shoe	
				TURING	, CASING, AND	CEMENTIN	G RECORD		<u> </u>		
HOLE SIZ	E			CASING & TUI		T	DEPTH SET		SAC	KS CEMEN	Ţ
						ļ <u>-</u>					
						1			<u> </u>		
TEST DATA AND R	EQUI	ES'	r F	OR ALLOWABLE	(Test must be a) able for this de	fter recovery of pth or be for fi	f total volume ill 24 hours)	of load oil	and must be equ	ai to or exce	ed top allow-
Date First New Oil Run	То Та	ınks	J	Date of Test		Producing Me	thod (Flow, 1	oump, gas lif	i, eic.)		
Length of Test				Tubing Pressure		Casing Pressure		· · · · · · · · · · · · · · · · · · ·	Choke Size		
Actual Prod. During Tea	t			Oli-Bbls.		Water - Bbls.	ater-Bbls.		Gas-MCF		
! !											
GAS WELL											
Actual Prod. Test-MCF	/ D			Length of Test		Bbie. Conder	nsate/MMCF		Gravity of Co	ndensate	
Testing Method (pitot, b	ack pr	r.)		Tubing Pressure (Sh	at-in)	Casing Presi	eure (Shut-i	n)	Choke Size		
CERTIFICATE OF	COMI	PL	IAN	CE				DISERVA	TION COM	MISSION	
I hereby certify that the Commission have been	n com	noli	led 1	with and that the inf	formation given	APPROV	Orig. Sign	ed bv		, 19	
above is true and con	nplete	t	o the	e best of my knowle	dge and belief.	BY	Peul Ka Geolog	utz			
				TITLE _							
W. a	. 10	L	1/4	icle)		70.2		et for allow	compliance wi vable for a nev nied by a tabu	wiv drilled o	or deepened
<u> </u>		í	(Sign	sature)		tests take	en on the w	ell in accor	rdence with R	ULE 111.	
zm.	51	_	(T)	isle)		All s	ections of the	his form mu empleted we	st be filled ou	it completel	y for allow-

able 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 wells.

MON 2K 1986