

NO. OF COPIES RECEIVED
 DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.C.
 LAND OFFICE
 TRANSPORTER OIL
 GAS
 OPERATOR
 PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

JUL 13 10 43 AM '65

Elwyn C. Hale
 209 Turner Drive, Hobbs, New Mexico 88240

Reason for filing of pool number: **Change in Pool Designation**
 Other: Please explain

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Name of Well: **Hale-State** Section: **2** Owner: **Justis Tubb-Drinkard** State: **B-2317**
 Date of Completion: **G** Year: **1980** Feet from Top: **North** Line: **1650** Feet from Top: **East**
 Section: **2** Township: **25-South** Range: **37-East** County: **Lea**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: **Texas-New Mexico Pipe Line Company** Address: **P. O. Box 1510, Midland, Texas**
 Name of Authorized Transporter of Unsegregated Gas: **El Paso Natural Gas Company** Address: **P. O. Box 1384, Jal, New Mexico**
 If well is commingled with other, give name of owner: **H** Section: **2** Top: **25 S** Range: **37 E** Is well naturally commingled? **Yes** Date: **June 28, 1964**

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)
 Date of Completion: _____ Date of Completion: _____ Total Depth: _____
 Name of Previous Formation: _____ Top of Gas Pay: _____ casing Depth: _____
 Depth of Gas Pay: _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or no for full 24 hours

Date of Test: _____ Date of Test: _____ Flow (pump, gas lift, etc.): _____
 Name of Test: _____ Casing Pressure: _____ Casing Pressure: _____ Casing Size: _____
 Name of Test: _____ Casing Pressure: _____ Casing Pressure: _____ Casing Size: _____

GAS WELL

Name of Test: _____ Name of Test: _____ Name of Test: _____ Gravity of Gas: _____
 Name of Test: _____ Casing Pressure: _____ Casing Pressure: _____ Casing Size: _____

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

I hereby 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.

APPROVED _____, 19____
 BY _____

L. O. Storm
 - L. O. Storm
 Professional Engineer

July 12, 1965
 (Date)

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 Sections I, II, III, and VI only 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.