	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST F	NSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
1.	I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			
	#hell Oil Company ddress			
	P. O. Box 1509 Midla Reason(s) for f ling (Check proper box)	nd, Texas 79701	Other (Please explain)	
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		
	change of ownership give name			
	DESCRIPTION OF WELL AND I	EASE. Well No. Poci Name, including For	rmation Kind of Lease	Lease No.
-	State JM	2 Justis Devonis	State, Federal o	State
	Location Unit Letter B ; 330	Feet From The North Line	e and 1650 Feet From The	e East
	Line of Section 2 Tow	mship 25_S Range 37.	-E , NMPM, Lea	County
III. <u>I</u>	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate		d copy of this forπ is to be sent)
Ì	Texas & New Mexico Pipe Line P 0 Box 1510 Midland, Texas 79701 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 Co. P. O. Box 1384, Jal. New Mexico 83252			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 2 25-S 37-E	Is gas actually connected? When	-17-1973
	<u></u>	th that from any other lease or pool, a	give commingling order number:	Flug Back Same Resty. Diff. Resty.
	Designate Type of Completion	$\mathbf{v} = (\mathbf{X})$	X Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	1	
	Elevations (D.F., RKB, RT, GR, etc.,	11-09-73 Name of Producing Formation	7,300 Top CL/Gas Pay	7096 Tubing Depth
	3179 DF Perforations	Devonian	6733	6668 Depth Casing Shoe
	6733 - 7054 (23 holes) TUBING, CASING, AND		CEMENTING RECORD	7300
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17'3"	13-3/8"		600
	8-3/4"	7-5/8" - 7"	7300	600
				t was be asset to allow
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 allowable for this depth or be for full 24 hours) ORL WELL Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Cil Run To Tanks	Date of Test	i.	, etc.)
	11-20-73 Length of Test	Tubing Pressure	Casing Pressure	Choke Size 2.0/64
	24 Actual Prod. During Test	820# Oil - Bbla.	Packer Water-Bbis.	Gus-MCF
	Actual Prod. During 1 est	14	25	1300
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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	
			TITLE	1
	Original Signed	by	This form is to be filed in	compliance with RULE 1104.
	E. G. YOUNG E. G. Young		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	
	(Signature) Section Supervisor Oil Accounting		well, this form must be accompa- tests taken on the well in accor	dance with RULE 111. st be filled out completely for allow
	(Title)		able on new and recompleted wells.	
	December 7, 1973		well name or number, or transporter, or other such change of condition	

(Date)

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