WO. OF CO	03413338 69140		/		
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMM ON FOR CALL			
SANTA FE		DE011E2= 104		Porm C-104 Supersedes Old C-104 and C-1	
FILE			AND Effective 1-1-65		
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OF	CAND OFFICE				
TRANSPO	ORTER GAS	_			
OPERAT	OR				
I .	ION OFFICE				
Operator Oi	l Development Co	ompany of Texas			
Ame	erican National	Bank Bldg., P. O. Box 1	2058, Amarillo, Tx 7	79101	
Reason(s) f	or Hing (Check proper bo	(x)	Other (Please expla		
New Well	Ц	Change in Transporter of:			
Recompleti	=	Oil Dry	Gas L		
Change in (	Ownership XX	Casinghead Gas Con-	densate		
and address	f ownership give names of previous owner	LEASE		os Angeles, Calif. 90017	
Lease Name		Well No. Pool Name, Including		of Lease No.	
Location	clson B-25	2 Justice Tub	b Drink State	Federal or Fee Fed. B-25	
Unit Let	ter P ; 99	O Feet From The South	ine and 660 Fee	et From The East	
Line of S	Section 25 To	ownship 25S Range	37Е , ммрм,	Lea County	
III DESIGNAT	TION OF TRANSPOR	TER OF OIL AND NATURAL G	4 A C		
	thorized Transporter of O			h approved copy of this form is to be sent)	
Name of Au	Union Oil Company of California  P. O. Box 3100, Midland, Tx 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)				
E1	Paso Natural Ga	s Company	P. O. Box 1492, E		
, , , , , , , , , , , , , , , , , , , ,	ices oil or liquids,	Unit   Sec.   Twp.   P.ge.	Is gas actually connected?	When	
give locatio	n of tanks.	<u> </u>	Yes	NA NA	
If this produ		ith that from any other lease or pool	, give commingling order numb	er:	
		Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res'v.	
Designa	ate Type of Completi	on - (X)	,	1 1	
Date Spudde	d	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				·	
Elevations (	DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	Perforations  Depth Casing Shoe			Depth Casing Shoe	
		TUBING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	<del></del>				
	<del></del>				
		<u> </u>	1		
	A AND REQUEST F		after recovery of total volume of le epth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-	
OIL WELL	ew Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	sas lift, etc.)	
Length of Te	et	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod.	During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	·				
·			- <u>I.,, -, -, -, -, -, -, -, -, -, -, -, -, -</u>		
GAS WELL		<b>Y</b>			
Actual Prod.	Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Petroleum Engineer

Feb. 16, 1977

Tubing Pressure (Shut-in)

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.

(Title)

(Daie)

Choke Size

OIL CONSERVATION COMMISSION

aed by

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 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

Dat 1, Sign

Casing Pressure (Shut-in)