NO. OF COPIES RECE	IVED	١
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	
<u> </u>		

II.

III.

ĮV.

DISTRIBUTION		NEW MEXICO OIL	ONSERVATION COMMISSION		Form C-104		
SANTA FE		REQUEST	FOR ALLOWABLE	FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE			AND		Effective 1-1-65		
U.S.G.S.	AUTI	HORIZATION TO TR	ANSPORT OIL AND	NATURAL GAS			
LAND OFFICE							
TRANSPORTER GAS							
OPERATOR							
PRORATION OFFICE	4					_	
Operator Oil Development	Company of	Tevas				ı	
Address	Company of					ᅴ	
American Nation	al Bank Bldg	, P. O. Box 1205	88, Amarillo, Tx	79101			
Reason(s) for filing (Check pro	per box)		Other (Pleas	e explain)			
New Well	-	e in Transporter et:	_				
Recompletion	04	Ory G	<u></u>				
Change in Ownership XX	Casing	head Gas Conda	ensote				
If change of ownership give		s Petroleum Comp	nanv. 817 W. 7th	. Los Angeles	. Calif. 90017		
and address of previous own	er			,	<u></u>		
DESCRIPTION OF WELL	AND LEASE.	6 (
Lease Name		le Poul Name, Including		Kind of Lease State, Federal or Fee	Lease N	_ 1	
Carlson B-25		J ustic e Tub	ob Drink	State, redetal of ree	Fed <u>B-2</u>	:5	
Location	1650	From The East Li	990	Each Page Mbg	South		
Unit Letter U	1030 ; set 1	from The Last Li	ine dr.d <u>990</u>	reet from the	- Ooutin	-	
Line of Section 25	Township 2	5S hange	37E NMPI	M. Lea	a Count	у	
DESIGNATION OF TRAN Name of Authorized Transporte	SPORTER OF O	(L AND NATURAL G.	AS Agaress (Give address	to which approved cop	y of this form is to be sent)	₁	
Union Oil of Ca	er of Casinghead Gas	Tex or Dry Gas	Address (Give address	to which approved copy	y of this form is to be sent)	\dashv	
		Set. Twp. Ege.					
If well produces oil or liquids,	Unit	Sec. Twp. Ege.	is cas actually sonnec	ted? When			
give location of tanks.			yes	NA			
If this production is comming	gled with that from	any other lease or pool	give commingling orde	er number:	· · · · · · · · · · · · · · · · · · ·	_	
COMPLETION DATA		OH Well Gas Well	new Well Workover	Deepen Plug	Back Same Resty. Diff. Re	s'v.	
Designate Type of Co							
Date Spudded	Date Comp	l. Ready to Prod.	Total Depth	P.B.T	r.D.		
Elevations (DF, RKB, RT, GR	Name of Pr	oducing Formation	Con Cit, 'Gas Pay	Tubir	ng Depth		
Lievations (DP, RAD, RI, GA	, etc., (tame of	odd21q . cim-iic					
Perforations				Depth	n Casing Shoe		
			D CEMENTING RECO				
HOLE SIZE	CASI	NG & TUBING SIZE	DEPTH S	ET	SACKS CEMENT		
		***				_	
	i						
TEST DATA AND REQUI	EST FOR ALLO	VABLE (Test must be	after recovery of total vol	ume of load oil and mus	st be equal to or exceed top a	low-	
OIL WELL Date First New Oil Run To Ta	nks Date of Te		leach or be for full 24 how Producing Method (Fla	ow, pump, gas lift, etc.)			
Data Liter New Oil May 10 14		•					
Length of Test	Tubing Pre	escure	Casing Pressure	Chok	• Size		
Actual Prod. During Test	Cil-Bbls.		Water - Bbls.	Gan -	MCF		
GAS WELL							
Actual Prod. Test-MCF/D	Length of	l'est.	Bbls, Condensate/MM0	CF Gravi	ity of Condensate		
Testing Method (pitot, back pr	.) Tubing Pre	ssure (Shut-in)	Casing Pressure (Shu	t-in) Choke	• Size		
CERTIFICATE OF COM	PLIANCE		OIL	CONSERVATION	COMMISSION		
• basaba santé de como e	a god accelerations	of the Oil Consorration	APPROVED_	EB 21 19//	, 19		
I hereby certify that the rule Commission have been com	inlied with and th	at the information given		ener Singe	ed by		
above is true and complete	to the best of m	y knowledge and belief.	BY	2.5 (38.4)			
			TITLE		iá		
m in	1 Austo				ance with RULE 1104.		
mann 2	Webl	~	ve abia in a sira	quest for allowable for	or a newly drilled or deepe	ned	
	(Signature)		tests taken on the	well in accordance	y a tabulation of the devia with RULE 111.		
Petroleum Engir	eer		All sections of	of this form must be f	filled out completely for all	low-	

(Title) able on new and recompleted wells. February 16, 1977

(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