	LISTRIBUTION SANTA FE FILE U.S.G.S.	REQUE	L CONSERVATION COMMIS ON ST FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
	LAND OFFICE TRANSPORTER GAS OPERATOR		RANSPORT OIL AND NATURAL	_ GAS .		
1.	PRORATION OFFICE		1,			
	Oil Developmer	nt Company of Texas		2 m p 1		
	Address P. O. Box 1205	58, Amarillo, Tx 79101				
	Reason(s) for filing (Check proper be New Woll	ox) Change In Transporter of:	Cinei (Please rizplain)			
	Recompletion Change in Ownership XX	L	Sin.			
1	If change of ownership give name					
	and address of previous owner		Company, 811 W. 7th, Los	Angeles, CA 90017		
i	DESCRIPTION OF WELL AND Lease Name / Carlson Fodera	Well No. Pool Name, inclusing	D1: 1	Lease No.		
ł	Location		Blinebry State, Fode	eral or Fee federal B-25		
	Unit Letter0;]	.980 Feet From The <u>east</u>	Line and 990 Feet From	The <u>south</u>		
L	Line of Section 25 To	ownship 25S Range	<u>37E , NMPM, Lea</u>	County		
1. I [DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL O	An tions (Give address to which app	roved copy of this form is to be sent)		
ŀ	Texas New Mexi	co Pipeline	Box 1510, Midland,	Tx 79701		
+	El Paso Natura	I Gas Co.	P. O. Box 1492, E1			
L	If well produces oil or liquids, give location of tanks.		yes	NA		
וו א. (ר	f this production is commingled wi COMPLETION DATA	ith that from any other lease or pool				
	Designate Type of Completi Date Spudded	on - (X)		Plug Back Same Restv. Diff. Restv.		
		Date Compl. Ready to Prod.	Tetal Depih	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top 11/Gas Poy	Tubing Depth		
1	Perforations			Depth Casing Shoe		
	HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT		
F				SACKS CEMENT		
		1	· · · · · · · · · · · · · · · · · · ·			
	EST DATA AND REQUEST F(DR ALLOWABLE (Test must be a shie for this d	i after recovery of total volume of load oil lenth or he for full 34 hours?	and must be equal to or exceed top allow-		
-	ate First New Cil Run To Tanks	II. WELLS Gold for this depth or be for full 24 hours)				
F	ength of Test	Tubing Pressure	Casing Pressure	Choke Size		
-	ciual Prod. During Test	Oil-Bbis,	Water - Bbls,	Gas-MCF		
-	AS WELL ctual Pred. Test-MCF/D	Length of Test	Bbla. Condensate/MMOF	Gravity of Condenecte		
,	esting Mothed (piter, back pr.)	Tubing Pressure (Shut-in)	Casura Press are (Shut-ir)	Choke Size		
	PTIEICATE OF COURT 14NO		· · · · · · · · · · · · · · · · · · ·			
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	·		
		, , , , , , , , , , , , , , , , , , , ,	EY			
	manan	2 Chly	This form is to be filed in compliance with RULE 1104.			
(Signature) Petroleum Engineer (Title)			If this is a request for ellowable 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 allow- able on new and recompleted wells.			
						April 21, 1977 (Date)
	· .	}	Separate Forms C-104 must	be filed for each pool in multiply		

	40. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST	CONSERVATION COMMINIC ON FOR ALLOWABLE I AND CANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-11 Elfoctive 1-1-65		
. 1.	LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			L GAS		
	Oil Development Company of Texas					
	American National Bank Bldg, P. O. Box 12058, Amarillo, Tx 79101 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of: Oil Dry G	525			
	Change in Ownership XX If change of ownership give name					
	and address of previous owner	Westates Petroleum Comp	oany, 817 W. 7th, Los A	ngeles, Calif. 90017		
	DESCRIPTION OF WELL AND	Well No. Pool Name, Including I		ease Lease No.		
	Location Unit Letter 0 ; 19	5 5 Justice_B1	Inedry	Fed. <u>1</u> B-25		
		wnship 35S Bange		Lea County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G				
	Union Oil Company of	f California		proved copy of this form is to be sent) land Tx 79701 proved copy of this form is to be sent)		
	Name of Authorized Transporter of Ca El Paso Natural Gas		Address (Give address to which app P. O. Box 1492, E1			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	is gas ^P stually connected? VES	When NA		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:					
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	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			Depth Casing Shoe		
	HOLESIZE	TUBING, CASING, ANI CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT		
			1			
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 allow able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Test	Tubing Presaure	Casing Pressure	Choke Size		
	Actual Prod. During Test	011-351 5.	Water - Bbla.	Gas • MCF		
	GAS WELL	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
l	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
/I .	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	hereby certify that the rules and ru Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED	, 19		
			TITLE	-		
	Marin L Willer (Signature) Petroleum Engineer		This form is to be filed in If this is a request for all	n compliance with RULE 1104. owable 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 allow-			
-	(Title) 2-16-77		able on new and recompleted t Fill out only Sections I.	wells. II, III, and VI for changes of owner,		
-	(Dat	e) .	well name or number, or transpo	orter, or other such change of condition. ast be filed for each pool in multiply		