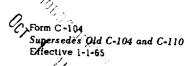
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	DISTRIBUTIO	DISTRIBUTION							
	SANTA FE								
	FILE								
	U.S.G.S.								
	LAND OFFICE								
	TRANSPORTER	OIL							
	THAIRST STITLER	GAS							
	OPERATOR								
I.	PRORATION OF								
	Operator								

III.

IV.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE



						AND	4. 4.		EAI	ective 1-1-62	.,
U.S.G.S.			AUT	HORIZAT	ION TO TR		OII AND I	ΙΔΠΙΙΤΑΝ	GAS	ective 1-1-65	. 0
LAND OFFICE					ION TO TR	11 47	The Tra	1A I OKAL	GAS	<i>\$</i>	. 6.
TRANSPORTER	OIL		7				00			·	<i>: ?</i>
TRANSPORTER	GAS		7								Č0
OPERATOR	.+		1							•	~ <i>O</i> *
PRORATION OF	FICE		1								
Operator		<u> </u>			• • • • • • • • • • • • • • • • • • • •					-	
1	Burle	son A	t Huff								
Address						· · · · · · · · · · · · · · · · · · ·					·
1	Ray 0	35. 1	Malana	Tora	s 79 701						
Reason(s) for filing	(Check p	roper box)	I CAG	3 13701	10	Other (Please	explain)			
New Well		•		e in Transpor	ter of:	`	Either s	casing	nead gas	connecti	ion or a
Recompletion	\sqcap		Oil		Dry G	as []	No-Flare	Order	rust be o	htained	for this
Change in Ownership	. T			head Gas	Conde				lays afte		
			- Cubing	incua das			produce.		ays arce	I IL DEE	SING CO
If change of owners	hip give	name	~	ירד הדי	7						
and address of prev	ious ow	ner		, E. B.	lount,	Jr., Ud	essa,	Texas	·		
DD000000000000000000000000000000000000											
Lease Name	F WEL	L AND		Carl Dani Nama							
	-1		well iv	_	ne, Including F			Kind of Leas	, -		Lease No.
W. M. Coc	OK			Lan	glie-Ma	ttix, C	ueen	State, Feder	di criee	88	
[_	_										
Unit Letter)	:66	O Feet F	rom The	South Li	ne and <u>19</u>	80	Feet From	The Eas	<u>t</u>	
Line of Section	28	Tov	vnship 25	South	Range 3	7 East	, NMPM		Lea		County
											-S
DESIGNATION O									· · · · · · · · · · · · · · · · · · ·		
Name of Authorized	Transpor	ter of Oll	or	Condensate		Address (G	ive address t	o which appro	ved copy of th	is form is to	be sent)
Shell Pipe	<u>line</u>	Cor	oratio	n		Box	1598. 3	Hobbs.	New Mex	ice	
Name of Authorized	Transpor	ter of Cas	inghead Gas	or Dr	y Gas	Address (G	ive address t	o which appro	oved copy of th	is form is to	be sent.
	Nor	1e									
If well produces oil	or liquids	·	Unit S	ec. Twp	. P.ge.	Is gas actu	ally connecte	ed? Wh	ien		
give location of tank	s.		P	28 29	5S : 37E		No	!			
If this production is	commir	gled wit	h that from	any other le	ase or pool.	give commit	agling order	number:			
COMPLETION DA		G		,	p,	B.,	.BB 01.1101				
Dogianata Tun	o of Co		(V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv	Diff. Res'v.
Designate Typ	e or Co	mpietio	$n - (\Lambda)$	l I	1	!	1	1	į	1	
Date Spudded	•		Date Compl	. Ready to Pr	rod.	Total Depth	1		P.B.T.D.		
Elevations (DF, RKB	3, RT, GF	R, etc.	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations			<u></u>						Depth Casing Shoe		
				TUBING.	CASING, ANI	CEMENTI	NG RECOR	D			
HOLE	SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
				<u> </u>					 	. J J OEME	
								····			·
						1					
						 			 		
		50E 50		4575							
TEST DATA AND OIL WELL	REQU	EST FC	R ALLOW		'est must be a ble for this de	fter recovery (of total volum full 24 hours	ne of load oil	and must be e	qual to or exc	eed top allow
Date First New Oil R	Run To To	inks	Date of Tes					pump, gas li	ft. etc.)	 	··-·
= === :				Ŧ			.= (1 1010)	, penips Eus 11	,., o,		
Length of Test			Tubing Pres			Casing Pres			Choke Size		
Tendin of tast			. aving Fies	41 0		Cuality Pres			CHORA SIZO		
Actual Bred Dust == '	Tasi		Oil-Bbls.			Water - Bbls			Con MOE		
Actual Prod. During	. 451		O11 - DD15.			Water - Dois	•		Gas-MCF		
							-	<u></u>			
~											
GAS WELL						T = 1					
Actual Prod. Test-MCF/D			Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate				

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

September 23, 1968

OIL CONSERVATION COMMISSION

Choke Size

TITE

Casing Pressure (Shut-in)

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 completed wells.