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FILE		
U.S.G.S.		
LAND OFFICE		
TRANS-PORTER	OIL	
	GAS :	
OPERATOR		
PROBATION OFFICE		

May 12, 1967

(Date)

NEW MEXICO OIL CONSERVATION COMMISS.

Form C-104

FILE	REQUE	ST FOR ALLOWABLE	Supersedes Old C-104 and C-	
U.S.G.S.	ALITHODIZATION TO	AND		
LAND OFFICE	AUTHORIZATION TO			
TRANSPORTER OIL		May 15 / 30 M	6/	
GAS				
OPERATOR				
PRORATION OFFICE				
Operator Ilinion 011 Comp	any of California			
Address	miy wi carrier			
P.O. Box 671 -	Midland, Texas 79701			
Reason(s) for filing (Check proper		Other (Please expla	in)	
New Well	Change in Transporter of:			
Recompletion		/ Gas		
Change in Ownership	Casinghead Gas Co	rdensate I Transporter	r change effective 5-1-67	
If change of ownership give name	e			
and address of previous owner				
DESCRIPTION OF WELL AN	ID LEASE		•	
Lease Name	Lease No. Well No. Pool	Name, Including Formation	Kind of Lease	
Red Hills Unit	K-1459 1 R	ed Hills Wolfcamp	State, Federal or Fee State	
Location	,			
Unit Letter 0 ;	330 Feet From The South	Line and 2310 Fee	t From The Rast	
11 (2 11 22			_	
Line of Section 32	Township 25-8 Range	33-K , NMPM,	Lea County	
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL	GAS		
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which	h approved copy of this form is to be sent)	
Famariss Oil & Refini	Ing Company 8.8553%	P.O. Box 980, Hobb	New Mexico 88240	
Scurlock 011 Company Name or Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which	Ridg. Houston Texas 77002 h approved copy of this form is to be sent)	
El Paso Natural Gas	Company	P.O. Box 1492, El	Paso, Texas 79999	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	0 32 25-8 33	-E Yes	December 18, 1964	
	with that from any other lease or po-	ol, give commingling order number	er:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res	
Designate Type of Comple		Notice of Day	pen Plug Buck Some Nesv. Dill. Hes	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			11311.21	
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		194		
		AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST	FOR ALLOWARIE (Terranda)			
OIL WELL	able for this	e after recovery of total volume of lo depth or be for full 24 hours)	oad oil and must be equal to or exceed top allo	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Gas - MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLIA	NCE	OIL CONSE	OH CONSERVATION COMMISSION	
		1)		
I hereby certify that the rules and regulations of the Oil Conservation			, 19	
Commission have been complied above is true and complete to t	l with and that the information give the best of my knowledge and belie	f. BY		
1110 15 tide and complete to t	Jost of my knowledge and belie	" "		
		TITLE		
2 N	_ 1	This form is to be file	ed in compliance with RULE 1104.	
Chao W.	'Cop	If this is a request for	allowable for a newly drilled or deepend	
(Si,	gnature)	well, this form must be acc	companied by a tabulation of the deviation accordance with RULE 111.	
District Production		11	rm must be filled out completely for allow	
· · · · · · · · · · · · · · · · · · ·	Title)	chie on new and recomplet	and male	

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.