NO. OF COPIES RECI	EIVED	i	
DISTRIBUTIO	DN .		
SANTA FE			
FILE	-		
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			
KIN	NG RES	SOUF	CE
Address			
		l To	we
300	) Wal		
300 Reason(s) for filing			box
			box
Reason(s) for filing			box

## HEW MEXICO OIL CONSERVATION COMMISSIO REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (	GAS
LAND OFFICE			
I RANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
Operator VIIIO DECOLUDO	OCC. COMPANY		
KING RESOURCE	JES CUMPANY		
Address	and Mark Miller Trans	70701	
300 Wall Tov	vers West, Midland, Texas	7970   Other (Please explain)	
Reason(s) for filing (Check proper b		Office   Trease explains	
New Well	Change in Transporter of: Oil Dry Go		
Recompletion	Casinghead Gas Conde	<b>=</b>	
Change in Ownership	Custinglieur Gus contact		
If change of ownership give name	2		
and address of previous owner			
DESCRIPTION OF WELL AN	DIFASE TOPSICE	<del>datel)</del>	
. DESCRIPTION OF WELL AN	Well No. Pool Name, Including F		1 7
El Paso Federal	2 Justis Blin	ebry State, Feder	alor Fee Federal 32579-0
Location	2 Justis Blin	014 R-3750	
- 'A	2310 Feet From The West Lin		The South
Unit Letter N ;	reet from the	1 oct 1 foil	
Line of Section 23	Township 25-S Range	37-E , NMPM,	Lea County
Line of Section			
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	<b>AS</b>	
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
The Permian Corpora		P.O. Box 3119, Midland	, Texas 79701
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
None			
	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	hen
If well produces oil or liquids, give location of tanks.	0 23 25-S 37-E	No	
	with that from any other lease or pool,	give comminging order number.	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
Designate Type of Comple	etion - (X)	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/11/69	3/11/69	7315	6113
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth
6125 RKB	Blinebry	5158	5103
Perforations			Depth Casing Shoe
5158-5184 (5 holes)	5293-5522 (II holes)		
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
111	8-5/8"	1207	230 sx.
7-7/8"	5-1/2"	6113	700 sx.
			i
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oi	il and must be equal to or exceed top allo
OIL WELL	able for this a	lepth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	uju, etc.;
3/11/69	3/17/69	Flow	Chaha Sira
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.	30	Water-Bbls.	24/64" Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
375	105	270	
GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Cdsind Liessnie (Suncain)	
I. CERTIFICATE OF COMPLI	ANCE		ATION COMMISSION
`			, 19
		APPROVED	100
I hereby certify that the rules a	and regulations of the Oil Conservation		
I hereby certify that the rules of Commission have been compliant	ed with and that the inidmation give	1 D X 2 D Z 7 D X	March
a i i tuua kaan aamali	and regulations of the Oil Conservation ed with and that the information given the best of my knowledge and belief	1 D X 2 D Z 7 D X	Many -
a i i tuua kaan aamali	ed with and that the inidmation give	1 D X 2 D Z 7 D X	Many
Commission have been compliance is true and complete to	the best of my knowledge and belief	TITLE  This form is to be filed in	n compliance with RULE 1104.
Commission have been compliant above is true and complete to	the best of my knowledge and belief	TITLE  This form is to be filed in	n compliance with RULE 1104.
a i i tuua kaan aamali	the best of my knowledge and belief	TITLE  This form is to be filed in	owable for a newly drilled or deepend

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.