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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	REQUES	CONSERVATION COMMISSION ST FOR ALLOWABLE AND RANSPORT OIL AND NATUR	Supersedes Old C-104 and C Ettective 1-1-65		
1.	Operation OFFICE Doyle Hartman					
	Address					
	P. O. Box 10426, Midland, Texas 79702 Reason(s) for filing (Check proper box)					
	New Well X Change in Transporter of: Recompletion Cil Dry Gas Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name and address of previous owner	•				
П.	DESCRIPTION OF WELL AN	D LEASE				
	Bates-BB&S	Well No. Pool Name, including 1 Jalmat (Gas)	,	Lease Lease No.		
	Unit Letter E ; 18	370 Feet From The North	Ine and 280 Feet 7	From The West		
l	Line of Section 29	Township 25S Range	37Е , ммрм,	_ea County		
II.	DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL 6	AS Address (Give address to which i	approved copy of this form is to be sent)		
}	Name of Authorized Transporter of C		Address (Give address to which a	approved copy of this form is to be sent)		
	El Paso Natural Gas If well produces oil or liquids,	Company Unit Sec. Twp. Rge.	P. O. Box 1398, Ja	New Mexico 88252		
	give location of tanks.		No	2-21-80		
v . c	COMPLETION DATA	vith that from any other lease or pool				
	Designate Type of Complet	ion = (X) X	New Well Workover Deeper	Plug Back Same Restv. Diff. Restv		
	12-26-79	Date Compl. Ready to Prod. 2-06-80	Total Depth 3350	P.B.T.D. 3076		
	Elevations (DF, RKB, RT, GR, etc.) 3024 RKB	Name of Producing Formation Yates OLANA	Top Cil/Gas Pay 2692	Tubing Depth 2717		
	Perforations 2692-2762 (Yates)			Depth Casing Shoe		
			D CEMENTING RECORD	3350		
	12 1/4	CASING 8 TUBING SIZE 8 5/8, 28 1b/ft	DEPTH SET 420	sacks cement 225 (circulated)		
	7 7/8	5 1/2, 17 1b/ft	3350	225 (circulated) 1000 (circulated)		
, [TOT DATA AND BEOLUGIO					
	MIL WELL Date First New Oil Run To Tanks	uste jor this de	epin or be for full 24 hours)	oil and must be equal to or exceed top allow		
		Date of Year	Freducing Method (Flow, pump, ga	s lift, etc.)		
1.	ongth of Test	Tubing Pressure	Casing Presoure	Choke Size		
A	etual Pred, During Tost	Oil-Bbis.	Water - Bbls.	Gas-MCF		
	AS WELL					
^	Actual Pred. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condeneate		
	eating Mathed (pitot, back pr.)	Tubing Procesure (Shut-in)	Casing Pressure (Shut-in)	Cheke Sixe		
. [. [0]	Choke_nipple ERRIFICATE OF COMPLIAN	FTP= 140 SITP= 190	FCP= 141 SICP= 190	9/64		
			## A D -	VATION 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.		APPROVER	Kunyan			
			Geologist			
	20 1 20		1116	n compliance with AULE 1104.		
Michelle Hemlie			If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation			
Administrative Assistant (Title) February 8, 1980 (Date)		tests taken on the well in accordance with fiul. 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 transporten or other such change of conditions.				

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.