no, or corpra hace	CIVED		
DISTRIBUTE)11		
SANEA FE			
FILE			
U.5.G.5.			
LAND OFFICE			
FRANSPORTER	OIL		
	GAS		
OPERATOR			
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DISTRIBUTION SANTA FE FILE U.S.G.5. LAND OFFICE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Point C-104 Supersedgy Old C-101 and C-11 Effective 1-1-65	
TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE				
Chapman & Schneider				
Address	s Services, Inc., Box 763	. Hobbs. N M 88240		
Reason(s) for filing (Check proper box) New Wall Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Other (Pieose explain)	,	
If change of ownership give name and address of previous owner	Sidney Lanier, P. O. Box	763, Hobbs, N M 88240		
DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	rmation Kind of Lease	10-032618 (A)	
I. B. Ogg "A"	3 Jalmat	State, Fodera	1 cr Fee Federal Above	
Location E 198	O Feel From The North Line	and 660 Feel From	Tho West	
Ont Letter		R , NMPM, Les	County	
		3		
Name of Authorized Transporter of Oil		Addiesa fores analysis		
Texas-New Mexico Pip	Inghead Gas 😿] of Dry Gas 📋	P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas	Unit Sec. Twp. P.ge.	P. O. Box 1492, El Paso Is gas actually connected?	en	
If well produces all or liquids, give location of tanks.	K 35 248 36E	Yes	10/20/61	
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, a	New Well Workover Deepen	Flug Back Same Resty, Diff. Resty.	
Designate Type of Completio	n – (X)	Total Depth	P.3,T.D.	
Data Spudded	Date Compl. Ready to Prod.		Tucing Depth	
Elevations (DF, RKD, RT, CR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		
Perforations			Depth Casing Shoe	
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE			
	273 AX T CAWARY S. (Task ruset ba al	ter recovery of total valume of load all	and must be equal to or exceed top all .	
TENE DATA AND REQUEST FO	Date of Test	gth or be for full 21 hours) Producing Method (Flow, gump, gas li	the second secon	
Date Flist New Oil Run To Tonks		Caning Properto	Choke Size	
Longth of Fest	Tubing Pressure		Gen • MCF	
Actual Fred, During Tool	OH - Bblo.	Water - 1218.		
Result Field, Tool-MOPPO	Length of Test	ubla. Contanente, WHOF	Gravity of Condensate	
Testing histhed (pitet, back pr.)	Tubing Pressure (Shut-in)	Casing Prospero (Anne-in)	Cheke Size	
CERTIFICATE OF COMPLIAN	T T T T T T T T T T T T T T T T T T T	OIL CONSERV	ATION COMMISSION	
		APPROVED SEP 31 1	077 19	
I hereby certify that the rules and a Conscission have been compiled a above in the and complete to the		DY	an da sa da un dun disampunga dilandangan pangan da ang gapingan samban pangangan dibi sa diga mag dibig sa gar s	
BROVE IS THE SHO COMPANIE TO THE	•	TITLE	e, agains an ship with the exchange groups are more. I still group reproductively uses that it has beginning uses the case of	
ORIG. SIGNED BY: DONNA HOLLER (Nighther)		11	compliance with RULE 1104. Solds for a needly difficulty of the policy to the notable than of the coverts.	
		w H, this form that is a second in receptance with work iti.		
Agent (Fuls)		All on their of this for a most be filled out completely to most		
9/20/77	(td)	11	H, HI, and VI for changer of 62.65 (teres other wich change of condities	
$O^{\prime\prime}$	· -,	ti .		

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NO. OF COPIES RECEIVED	<u>ن</u> ن <u>ن</u> ن	2	
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 [[]R D C Down, Supersedes Old C-104 and (
SANTA FE	1	FOR ALLOWABLE	Effective Inl-65
FILE	AUTHORIZATION TO TRA	AND	41.0 A.C.
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATUR	MARAS US BRACE
LAND OFFICE			. 00 111 00
TRANSPORTER			
GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Sidney Lenier			
Address			
c/e Oil Reports &	Gas Services, Box 763, Ho	bbs, New Mexico	
Reason(s) for filing (Check proper t	oox)	Other (Please explain)
!!ew We!l	Change in Transporter of:		
Hecompletion	Oil Dry Ga	ıs 🔛	
Change in Ownership	Casinghead Gas Conden	nsate	
If change of ownership give name		0. Box 2306, Odessa.	Texas
and address of previous owner			
DESCRIPTION OF WELL AN	DIFASE		
Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease
I. B. Ogg "A"	3	Jalmat	State, Federal or Fee Pederal
Location			
•	1980 Feet From The North Lin	ne and a 660 Feet	From The West
Unit Letter;;	Feet From The Hot III	ie dnd reet	Tom The
Line of Section 35	Township 24 8 Range	36 E , NMPM,	Lea Cour
Line of Section 33 ,	Township A Range	, real say	
	THE OF STANDING THE CA		
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which	approved copy of this form is to be sent)
		Bex 1510, Midland,	
Texas-New Mexico			approved copy of this form is to be sent)
Name of Authorized Transporter of			
El Paso Matural G		Bex 1384, Jal, Nen	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When 10/20/43
give location of tanks.	K 35 248 36E	Yes	10/20/61
	with that from our other lease or pool	give commingling order number	r:
	with that from any other lease or pool,	give comminging order numbe	·· ···································
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. R
Designate Type of Comple	etion = (X)		
Data Cauddad	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compr. Ready to From:		
		Top Oil/Gas Pay	Tubing Depth
£,ool	Name of Producing Formation	Top On, Gus Fuy	Tabling Dopin
			Depth Casing Shoe
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			-1 -il I must be equal to or exceed ton o
	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of lo epth or be for full 24 hours)	ad oil and must be equal to or exceed top i
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
Date First New Oil Run 10 Tunks	Date of Test	, , , , , ,	
	This is a December of	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	January 1 1000 me	
		Water Dilla	Gas - MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gus-ivior
_			
	*		
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
	ANGE	OH CONSE	ERVATION COMMISSION
CERTIFICATE OF COMPLIA	ANUE	UIL CONSE	TIVATION COMMINISSION
		ABBROVED	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	, 10
Commission have been complete to	ed with and that the information given the best of my knowledge and belief.	8Y	
above is true and complete to	the best of my knowledge and belleti		
·		TITLE	
/ -			d in compliance with put 5 4404
1. L. S.		This form is to be file	ed in compliance with RULE 1104.
		If this is a request for	allowable for a newly drilled or deep companied by a tabulation of the devi
(5	Signature)	tests taken on the well in	accordance with RULE 111.
Agent		All sections of this fo	rm must be filled out completely for a
•	(Title)	able on new and recomple	ted wells.
Januar	y 17, 1966	Fill out Sections I, I	I, III, and VI only for changes of our
(Date)		well name or number, or transporter, or other such change of condi	

Fill out Sections I, II, III, and VI only 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.