		9			
	DISTRIBUTION SANTA FE /		CONSERVATION CONSISSION	Form C-104 Supersedes Old C-104 and C-110	
	FILE /	AND Effective 1-1-65			
	IRANSPORTER GAS /				
1.	PRORATION OFFICE				
	WESTALL - MASK				
	DRAWER 1477, ROSWELL NM 88201				
	Reeson(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde			
	If change of ownership give name and address of previous owner				
U.	DESCRIPTION OF WELL AND				
	HINKLE "B" FEDERA	L 3 SHUGART YATE	S State, Fea	eral or Fee LC 029392	
	Unit Letter M , 330	Feet From The SOUTH	990	WEST	
	27		31 EAST NMPM	EDDY County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of CI NAVAJO CRUDE OIL	PÛRCHASING CO	Address (Give address to which app BOX 175, ARTESIA	proved copy of this form is to be sent) A NM 88210	
	Name of Authorized Transporter of Ca PHILLIPS PETR CO	singhead Gas or Dry Gas	Address (Give address to which app BARTLESVILLE, OI 4 CC. Y Mish.	(LA 4005 (in is to be sent)	
	If well produces on or ilquiss, give rocation of tanks.	M 27 18 31		9/16/74	
		th that from any other lease or pool,	· · · · · · · · · · · · · · · · · · ·		
IV.	COMPLETION DATA Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Came Restv. Diff. Restv.	
	Date Synddog 4	Day Fanpy Heady to Prod.	X Total Depth ZCOO	P.B.T.D. 7C00	
	Elevations (DF, RKB, RT, GR, etc.,		3600	3600	
	<u>GR 3623</u> Perforations 3358-62-66-7	QUEENS 4-78-82-86-90-94-98-	QUEENS 3350 3434-42-62-80	3500 Depth Casing Shoe	
			CEMENTING RECORD		
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	7 7/0	8 5/8 28#	<u>550</u> 3572	400	
		2 3/8 EUE =	3500		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fer recovery of total volume of load c pth or be for full 24 houre;	il and must be equal to or exceed top allow-	
	OIL WELL Date First New Ci. Bun To Tanks 9/17	Date of Teet 9/17	Producing Method (Flow, pump, gas PUMP	lift, etc.)	
	Length of Teet 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size NONE	
	Actual Prod. During Test	он-вы. 35	Water - Bble.	5,000	
ł	45 35 5,000				
[GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bola. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Publing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		CF.			
	CERTIFICATE OF COMPLIANCE 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.		OIL CONSERVATION COMMISSION		
			APPROVED, 19		
			TITLE OIL AND SAS IDSPECTUR		
	Joch much		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 allow- able on new and recompleted wells.		
-	() (Signature)				
	<u>CO-OWNER</u> (Title)				
	9/19/74 (Date)		Fill out only Sections I, well name or number, or transp	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		