NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		1	
FILE			-ريا
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		2	
PRORATION OFFICE			
Operator			

August 28, 1967

}	SANTA FE /		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65							
-	FILE		AND	46							
}	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	45							
}	OIL /										
	TRANSPORTER GAS		TRANSPORTER CHANGED TO SHELL	FROM SHELL							
	OPERATOR 2		TRANSPORTER CHANGED OIL COMPANY TO SHELL OIL COMPANY TO SHELL ODDORATION EFFECTIVE	PIPE LINE							
1.	PRORATION OFFICE Operator		TRANSPONDANY TO SHEET	E 12/31/69							
	PRORATION OFFICE TRANSPORTER CHARGE OIL COMPANY TO SHELL PIPE LINE OIL COMPANY TO SHELL PIPE LINE OIL COMPANY TO SHELL PIPE LINE CORPORATION EFFECTIVE 12/31/69 CORPORATION EFFECTIVE 12/31/69										
Ì	Address										
	533 Busby Drive,	San Antonio, Texas 782	Other (Please explain)								
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Cinci (1 sedes suprem)								
	Recompletion	Oil Dry Gas		1							
	Change in Ownership	Casinghead Gas Condens	sate								
1	To be a series since name										
	If change of ownership give name and address of previous owner	Walker Bros. Oil Co	ompany, P. O. Box 1871	15, Oklahoma City,							
	precontation of Well AND	I FACE		Oklahoma 73118							
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo									
	Santa Fe Railroad	3 South Hospah L	ower Sand State, Federal	or Fee Fee							
	Location	Neath	660	West							
	Unit Letter D; 66	Feet From The North Line	e andFeet From T	west							
	7	wnship 17N Range 8	W , NMPM, McKir	ley County							
	Line of Section Tov	visitip 1111 Hange									
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	s	describis form is to be sent							
	Name of Authorized Transporter of Oil	or Condensate	Address (Give adaress to which approv								
	Shell Tipe Line Cor	singhead Gas or Dry Gas	Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)								
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (1986) address to miner approx								
	None	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en.							
	If well produces oil or liquids, give location of tanks.	D 7 17N 8W									
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	Not commingled							
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completic		Idem well								
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Date Spanded										
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
				Depth Casing Shoe							
	Perforations										
		TUBING, CASING, AND	CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
		!									
		TOP AT LOWARIE (Test must be a	feer recovery of total volume of load oil	and must be equal to or exceed top allow-							
V	TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for fall 24 Hours								
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				"· ""/ KLULIYED \							
			Casing Pressure	Choke Size							
	Length of Test	Tubing Pressure	Cubing 1 100000	AUG 3 0 1967							
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gal-OIL CON. COM.							
				DIST. 3							
	GAS WELL	To the second se	Bbls. Condensate/MMCF	Gravity of Condensate							
	Actual Prod. Test-MCF/D	Length of Test									
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
1 - y	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION							
constitution the rules and regulations of the Oil Conservation		APPROVED AUG 30 1967 19 19 19 19 19 19 19 19 19 19 19 19 19									
					samussion have been compiled with and that the information given same is true and complete to the best of my knowledge and belief.						
and the second for allo	as a constant for allowable for a newly drilled or deepened										
	Vyarota Vag							gnature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Vice Preside							ent	Att sections of this form m	tests taken on the well in accordance with RULE 1111	
	VICE I I COIG	Title)	All sections of this form must be inted out completely to able 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.