	NO. OF COPIES RECEIVED 5			
	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104
	FILE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS
	LAND OFFICE			
	TRANSPORTER GAS			•
	OPERATOR 2			
I.	Operator Operator	·0 A	4 5 5	
	Chenkon Ver Co - Operating Pivesion			
	217 North Water - Wicheta Kausas 67202			
	Reason(s) for filing (Check proper box)	NWWO VVXXX	Other (Please explain)	
	New We!! Recompletion	Change in Transporter of: Oil Dry Ga:		
	Change in Ownership	Casinghead Gas Conden	FI	
	If change of ownership give name	2	PAS 1	
	and address of previous owner	an Murican	Mrollin Carp	J
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool, Name, Including Fo	Operation Kind of Lease	NM.
	NE Daylock Unit	- 26 Hornorline to	State, Feder	77281
	Location	- In the second A	Court	2 L
	Unit Letter 7 : 180	Feet From The Morth Line	e and 786 Feet From T	the Cast
	Line of Section / Town	nship $30N$ Range $/6$	W NMPM, San	Man County
***	DECICNATION OF TRANSPORT	CED OF OIL AND NATURAL CA		
111.	Nate of Authorized Transporter of Silver	ER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)
	Shell the Co	nghead Gas or Dry Gas		ed copy) of this form is to be sent)
	Name of Authorized Transporter of Cast	Inghead Gas or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
	give location of tanks.	0 10 2011 /640		
IV.	If this production is commingled with COMPLETION DATA			Tel. 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
	Designate Type of Completion	n = (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
		•		
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				ļ
v	TEST DATA AND REQUEST FO	R ALLOWARI.E. (Test must be a	I Ster recovery of total volume of load oil (and must be squal to or exceed top allow-
••	OIL WELL Date First New Cil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	15-13 a 15
	Date First New Ci. Mun 10 Tunks	Edite of Test	Producting Motified (1 100) pampy and to	(Atl.)
	Length of Test	Tubing Pressure	Casing Pressure	Galler CON
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Galler CON
	GAS WELL			OIL DIST. 3
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	restring increase (prior, out in priy	,,,,,,,,		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		JUL 1 0 1970 APPROVED	
	Commission have been complied w	ith and that the information given	By Original Signed by	Emery C. Arnold
	above is true and complete to the best of my knowledge and belief.		TITLE SUPERVISOR DIST. 75	
		1 12	1)	
	(Moracluk)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendently a tabulation of the deviation	
	(Parature) (D)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	- U/roduction Clar		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
	7-2	-70	Eith out only Sections 1 II	. III, and VI for changes of owner, er, or other such change of condition.
	(Dai	(e)		the filed for each pool in multiply

Separate Forms C-104 must be filed for each pool in multiply material wells.