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NO. OF-COPIES RECE	TIVED	<u> </u>	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR	REQUEST F	INSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1.	PRORATION OFFICE  Operator  Tahoe Oil & Cattle Company  Address  P. O. Box 7032 Midland, Texas 79701  Reason(s) for filing (Check proper box)  New We!!  Recompletion  Other (Please explain)  Effective 11-1-76  Oil Dry Gas					
	Change in Ownership  If change of ownership give name and address of previous owner	Casinghead Gas Condens	sate			
11.	DESCRIPTION OF WELL AND L Lease Name Arco Location Unit Letter B ; 660	1 West Sawyer (	(San Andres) State, Federal	or Fee Federal LC063427		
III.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GAS	S Address (Give address to which approv			
	The Permian Corpora Name of Authorized Transporter of Cast Cities Service Oil Co.	tion Permisn (Eff. 9 / 1 /87) nghead Gas or Dry Gas	P. O. Box 1183 House Address (Give address to which approv P. O. Box 2521 Houst Is gas actually connected? Whe	on, Texas 77001		
	If well produces oil or liquids, give location of tanks.	B 28 9-S 37-E	yes	8/25/71		
IV.	If this production is commingled with COMPLETION DATA  Designate Type of Completion	Oil Well Gas Well		Plug Back   Same Res'v.   Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
			1	<del></del>		
GAS WELL Bbis. Condensate/MMCF Gravit				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		
VI	VI. 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.  K. A. Freeman		OIL CONSERVATION COMMISSION  APPROVED			
			BY			
			TITLE			
			19			
			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 well, this form must be accompanied by a tabulation of the deviation.			

Petroleum Engineer (Title)

Oct. 12, 1976

(Date)

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 transporter, or other such change of condition.

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