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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	SANTA FE FILE U.S.G.S.	REQUEST F	DNSERVATION COMMISSI FOR ALLOWABLE AND NSPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	IRANSPORTER OIL GAS OPERATOR					
1.	PRORATION OFFICE Operator					
Jack J. Grynberg						
	Reason(s) for filing (Check proper box) New Well					
	Recompletion Change in Ownership	Oil Dry Gas  Casinghead Gas Condens	<b>F</b>			
	If change of ownership give name and address of previous owner	Seco Production Co., 408	Gihls Tower West, Midland	i, Texas 79701		
II.	DESCRIPTION OF WELL AND LEASE  Lease Name  Lease No.   Well No.   Pool Name, Including Formation   Kind of Lease					
	Federal "A"			State, Federal or Fee Federal		
	Unit Letter; 66		e and 660 Feet From The	Sevelt County		
HI.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
Name of Authorized Transporter of Oil X or Condensate Address (Give dates to watch approved copy by Annual Condensate				vas 75221		
	Mobil Pipe Line Co.  Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved	Address (Give address to which approved copy of this form is to be sent)		
	Cities Service If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	74003		
	give location of tanks.	0 24 7-S 32-E	Yes commingling order number:			
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		Plug Back   Same Res'v.   Diff. Res'v.		
	Designate Type of Completion	on – (X)		P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Deptil			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 0.17 0.20 1 07	Tubing Depth  Depth Caring Shoe		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING 3122				
		OD ALLOWARIE (Test must be a	fter recovery of total volume of load oil an	nd must be equal to or exceed top allow-		
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  OIL OF The To Torks  Order of Test  Order of T					
	Date First New Oil Run To Tanks Date of Test			Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gds - MCr		
	CAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVAT	TION COMMISSION		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19		
Commission have been complied with and that the information given above is true and complete to the bat of my knowledge and belief.		RY				
19.1			TITLE			
	M/-/	MAZI	no at the second for allows	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended.		
		nature Owner	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
		itle)	able on new and recompleted wel	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
October 26, 1973 (Date)			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.			

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.