NO. OF COPIES REC	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

	DISTRIBUTION		CONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE 0. C. C.	Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL JUN 27 E 17 NO	_ GAS
	LAND OFFICE		JUN 27 3 50 111 03	
	IRANSPORTER OIL			- ;
	GAS	, i		
	OPERATOR		•	ð
1.	PRORATION OFFICE	<u> </u>		
	Operator			
	Southwestern Natu	ral Gas, Inc.		
			70701	
	900 Building of t	he Southwest, Midland, '	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Go	as	
	Change in Ownership	Casinghead Gas Conde	nsate	
	If change of ownership give name			
	and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE LEC-PENNSYL	anian (-6.5	
	Lease Name	Well No.: Pool Name, including F	2664 - / /	_
	Aztec 1 "14" 5	1 Lea Pennsyl	vanian (Bend) State, Fed	deral or Fee Federal NMO560408
	Location			
	Unit Letter J : 19	80 Feet From The S Li	ne and 1830 Feet Fr	om TheE
	J	-		_ :
	Line of Section 14 Tow	vnship 20S Range	34-E , NMPM, Lea	a County
				2
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	oproved copy of this form is to be sent)
	Name of Authorized Transporter of Oil			
	The Permian Corporation	1	P. O. Box 3119, Mid	land, Texas 79701 oproved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	anghead Gas or Dry Gas		
	Phillips Petroleum Corp			ldg., Odessa, Texas 79760
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	give location of tanks.	J 14 205 34E	No	
	If this production is commingled wit	th that from any other lease or pool,	, give commingling order number:	
IV.	COMPLETION DATA			Plug Back Same Restv. Diff. Restv.
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Hos VI
	Designate Type of Completion	1 A	X	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	1-8-69	6-9-69	14,546 Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
	3667KDB	Penn Bend	12,987	12,723 Depth Casing Shoe
	Perforations			
	12,987-13,079		TO STATE OF THE PARTY OF THE PA	14.389
			DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		700 sx-circ. surface
	17 1/2"	13 3/8"	695	875 sx
	12 1/4"	9 5/8"	5,040	1450 sx
	8 3/8"	<u> </u>	14,389	1430 SX
		5" (liner) 2_3/8		
٧.		OR ALLOWABLE (Test must be able for this d	after recovery of total volume of load lepth or be for full 24 hours)	oil and must be equal to or exceed top allow
	Oll, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	se lift, etc.)
	Date First New On Nam 10 1 amp	2000		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Longin of Tool			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
				1.22
	<u> </u>			
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	. Gravity of Condensate
	CAOF 3250	24 hrs.	24.6	58 ⁰
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Back Pr.	1526	Packer	Variable
1 72	CEPTIFICATE OF COMPLIAN	CE	OIL CONSER	RVATION COMMISSION
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				****
			APPROVED	, 19
	Commission have been complied V	with and that the information given	11 15-74 1/	d'inia
	above is true and complete to the	best of my knowledge and belief.	BY	TO TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW
	1	_	TITLE	ANG.
	1/1	7		in compliance with BIII E 1104
	1/4 7/ K-10	anno	This form is to be filed	in compliance with RULE 1104
	Sign.		ment this form must be acco	impanied by a tabulation of the deviation
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			accordance with Bill F 111.

(Title)

June 19, (Date)

tests taken on the well in accordance with RU 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.