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SANTA FE /		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	ALITHOPIZATION TO TR	AND ANSPORT OIL AND NATUR	
LAND OFFICE	_ AUTHORIZATION TO TRA	ANSPURT UIL AND NATUR	RECEIVED
TRANSPORTER OIL /		$m{t}^{\gamma}$	
GAS /		1	
OPERATOR //			MAY 5 1966
I. PRORATION OFFICE Operator			
Kersey S	- Company		
Address		20.0	ARCHEA, Carrida
Reason(s) for filing (Check proper bo	ox 3.6, Artesia, New Mexic	Other (Please explain)	
New We!!	Change in Transporter of:	Omer (Fredse explain)	•
Recompletion	Oil Dry Go	as 🗍	
Change in Ownership	Casinghead Gas Conde		rflood Unit
If change of ownership give name	Filler & Smith Per	troleum (acount - 3	andel State "1
and address of previous owner			
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	Cormation Kind of	Lease No.
Old Loco Unit	11 Grayburg	Jackson State, F	ederal or Fee State E-13
Location K 231	Feet From The South Lin	2310 Bast 2	From The Hast
Line of Section 32 To	ownship 175 Range	29Е , ммрм,	2d i∕ County
II. DESIGNATION OF TRANSPOR			approved copy of this form is to be sent)
į	• •		
Name of Authorized Transporter of Co	asinghead Gas [7] or Dry Gas [7]	Address (Give address to which	group of this form is to be sent)
Phillips Satroleum			
	Unit Sec. Twp. Rge.	Is gas actually connected?	Uklahoma 7400/4
If well produces oil or liquids, give location of tanks.	J 32 17 29		sommected pril 1500
If this production is commingled w	ith that from any other lease or pool,		
V. COMPLETION DATA			
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepe	Plug Back Same Resty, Diff. Resty
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spraded	Date Compt. Reday to Prod.	Total Depth	F.B.1.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		<u> </u>	
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a		d oil and must be equal to or exceed top allou
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, 4	as lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Frod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		0 · 0 · 0 · 0	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIAN	ICE		RVATION COMMISSION
		MAY 5	<u>1966</u> , 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		\perp	
	he best of my knowledge and belief.	101	trong
		TITLE	[[] [[] [] [] [] [] [] [] [] [] [] [] []
. /			
Honnes	nature)		i in compliance with RULE 1104. allowable for a newly drilled or deepened
/Sie	nature)	wall this form must be acc	ompanied by a tabulation of the deviation
Úwner		tests taken on the well in	accordance with RULE 111.
	itle)	All sections of this for able on new and recomplete	m must be filled out completely for allowed wells.
rlay 4, 1	966	Fill out only Sections	I. II. III. and VI for changes of owner,
	Date)	well name or number, or tran	sporter 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.

