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	OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OIL COM	SERVATION COMMISSION	Mu 20 Form C-104 0. C. C
	ATA FE	REQUEST FO	OR ALLOWABLE	UN / Supersedes Old C-104 and C-110  Electore 1-2-65
	LE /		AND SPORT OIL AND NATURAL E	, T. C. C. P. P. 189
	.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	Flown
	LAND OFFICE			- 1 M 11 6 36 9
	TRANSPORTER GAS /		$(\supset \nu)$	•
í-	OPERATOR 3		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
,  -	PRORATION OFFICE			HENE WES
*	Operator			REGETYED
1	K.K. Amini			
	Address			• • •
Ĺ		West - Midland, Texas		
- 1	Reason(s) for filing (Check proper box)	C) There are not a	Other (Please explain)	O. C. C.
	New Well	Change in Transporter of:  Oil		ARTESIA, OFFICE
- 1	Recompletion  Change in Ownership X	Casinghead Gas Condens	ate Effective April	1 1969
L	Change in Ownership[]			
I	f change of ownership give name Mand address of previous owner	acdonald Oil Corporation	- Petroleum Life Blda.	-Midland Texas
6	and address of previous owner	<u> </u>	<u> </u>	•
II.	DESCRIPTION OF WELL AND L	EASE		e Lease No.
Ī	Lease Name	Well No. Pool Name, Including For		or Fee Federal 0467930
	Sinclair Parke	1 Jackson Abo	State, Federa	recree Federal 0467930
	Location	37 (3	2200	Most
	Unit Letter F ; 2310	Feet From The North Line	and ZJUO Feet From	The VVESL
	tine of Section 22 Town	nship 17-S Range	30-E , NMPM,	Eddy County
Ļ	Line of Section ZZ Town	nship 17-D Runge	7 1101 101	
	DESIGNATION OF TRANSPORT	ER OF OIL AND NATHRAL GAS	8	
***	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
	The Permian Corp		Box 3119 - Midland, T Address (Give address to which appro	'exas 79701
	Name of Authorized Transporter of Cast	nghead Gas 🔀 or Dry Gas 🗔	Address (Give address to which appro	oved copy of this form is to be sent)
	Skelly Oil Co		12 of 1/35 Eunice Is gas actually connected? WI	11. Max 882.31
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		
	give location of tanks.	F 22 17-S 30-E		2-64
	If this production is commingled with	h that from any other lease or pool, a	give commingling order number:	
	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio		1 4	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date spaces	•	t 1	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
				Depth Casing Shoe
		<del>,                                      </del>	CEMENTING RECORD	
		TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	Depth Casing Shoe
	Perforations	<del>,                                      </del>		
	Perforations	<del>,                                      </del>		
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T/	Perforations  HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
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v.	Perforations  HOLE SIZE  TEST DATA AND REQUEST FO	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT  Il and must be equal to or exceed top allow-
v.	Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	DEPTH SET  fter recovery of total volume of load of pth or be for full 24 hours)  Producing Method (Flow, pump, gas	SACKS CEMENT  Il and must be equal to or exceed top allow-
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	HOLE SIZE  TEST DATA AND REQUEST FOOL, WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  Commission have been complied above is true and complete to the start of the	CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	DEPTH SET  fier recovery of total volume of load or opth or be for full 24 hours)  Producing Method (Flow, pump, gas)  Casing Pressure  Water-Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-12)  C. L. CONSERVA  JUL 3  APPROVED  By  TITLE  This form is to be filed in this is a request for all well, this form must be accompleted and the well in accompleted.  All sections of this form able on new and recompleted.	SACKS CEMENT  If and must be equal to or exceed top allow- lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate  Choke Size  /ATION COMMISSION  1969  ATION COMMISSION  1900  100
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