NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AL GAS
Delaware Apache Co	rporation		
2000 Wilco Buildin	g - Midland, Texas		
Reason(s) for filing (Check proper bo Hew Well Recompletion Them ye in (ownership)	Change in Transporter of: Oi. X Dry Go Casinghead Gas Conde	$\overline{}$	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pool Mc	ame, Including Formation	Kind of Lease
Sally Cole	1	Jenkins (Cisco)	State, Federal or Fee Fee
Location	60 Feet From The North Li	ne and 660 Feet F	from The East
Line of Section 25 , To	ownship 9-South Range	34-East , NMPM, L	ea County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS Address (Give address to which	approved copy of this form is to be sent)
Magnolia Pipe Line	Company	Box 900. Dallas. To	exas 75221
Name of Authorized Transporter of C		Address (Give address to which P. O. Box 1470 • M	idland, Texas
If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	When
give location of tanks.	A 25 9S 34E	No	Within the next 30 days
If this production is commingled w. COMPLETION DATA	with that from any other lease or pool	New Well Workover Deeps	
Designate Type of Complet		New Well Workers Deepe	
Date Spudded	Eate Compl. Ready to Frod.	Total Depth	P.R.T.D.
1960	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Ferforations			
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	OEF TH SET	
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of loc depth or be for full 24 hours)	ad oil and must be equal to or exceed top allow
OHL WELL Laster First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Total Control Control	Casing Fressure	Choke Size
Lengti of Test	Tubing Pressure		
Actual Froi. During Test	Cn-Bols.	Water-Bbls.	Gas-MCF
GAS WELL	t evith of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Frod. Test-M TVE	Length of Test	Data: Contended to the	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	

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.

(Signature)

Division Manager

September 8, 1965

APPROVED BY.

TITLE

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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.