NO. OF COPIES RECEIVED		15	
DISTRIBUTION			
SANTA FE		7	
FILE		7	V
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR			
PRORATION OFFICE			

SANTA FE		SERVATION COMMISSION	Supersedes Old C-104 and C-110	
FILE / V	REQUESTE FORCALE OWASILE D Supersedes Old C-104 and C-11 Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JAN 3 0 1970			
LAND OFFICE	J	IAN 30 1970		
TRANSPORTER OIL		•		
GAS /	C. C. C.			
OPERATOR /	ARTESIA, OFFICE			
PRORATION OFFICE Operator				
1	mamu /			
Clinton Oil Com	pany			
217 N. Water.	Wichita, Kansas 67202			
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas Casinghead Gas Condens			
Change in Ownership X				
If change of ownership give name	outhwest Production Con	p. Bot 1464 millan	d Jeyan 79701	
and address of previous owner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
I. DESCRIPTION OF WELL AND	LEASE	mation Kind of Lease	Lease No.	
Clemente Buffalo Valley Con		State, Federal		
Glements	! 1 Buffalo Valley	Field		
Location	. %T. (1	8001	the West	
Unit Letter; 990	J' Feet From The NOrth Line	and 9901 Feet From T		
	waship 15S Range 2	7E , NMPM, Chav	ez County	
Line of Section 1 To			·	
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	3	ed copy of this form is to be sent!	
Name of Authorized Transporter of Oi	or Condensate X	Address (Give dutiess to which opposit	7970/	
Scurlock Oil Co.		414 Mid America Blds Address (Give address to which approb	Midland Toxas	
Name of Authorized Transporter of Ca	singhead Gas 🛣 or Dry Gas 🔀	Bot 6666 Odessa Je	has 19760	
Phillips Petrole	Int Sec. Twp. Pge.	When		
If well produces oil or liquids,	Unit Sec. Twp. Hge.	(I a.)	3-14-68	
give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Jes		
If this production is commingled w	ith that from any other lease or pool, g	give comminging order number.		
V. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi	on – (X)		<u> </u>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Dopin	
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
1100000				
		1	and must be equal to or exceed top allow	
V. TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow	
OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(ft, etc.)	
Date Liter New Oil Life 19 19 19				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
2			Gas - MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		
			_1	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prog. 108(*MCF/D				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
i samue i samu		<u> </u>		
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION	
VI. CERTIFICATE OF COMPEN	 	JAN 3 (1970	
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	1010	
I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. Ch. Gressett		
		11	NSPECTOR	
CLINTON GIL COMPA	NY/EARL E. ROSSMAN		41 124 244	
Q 115/1	1	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens		
12. K				
	enature)	well, this form must be accomp tests taken on the well in acc	andance with BULE 111.	

Proration & Unitization Engineer

(Date)

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 transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.