NO. OF COPIES RECEIVED			5	
DISTRIBUTION				
SANTA FE				
FILE		1		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR		1		
PRORATION OFFICE		[

III.

IV.

JUNE 1, 1977

(Date)

	SANTA FE /		ONSERVATION COMMISSION	Form C-104 Supercedes Old C-104 and C-11		
	FILE /	KEQUESI	FOR ALLOWABLE AND	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	WAS EN COLE AND NETTORAL O	SAS		
	LAND OFFICE		THE OWNER WITH THE PRINCE C			
	TRANSPORTER OIL		AUC A com			
	GAS	-	AUG 4 1977			
	OPERATOR /	+	D ~ -			
1.	PRORATION OFFICE Operator	<u> </u>	ARTESIA, OFFICE			
	HOLLY ENERGY, IN	IC.	UFFICE			
	Address					
		R, SUITE 2680, DALLAS, TE				
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well X	Change in Transporter of:	ra l	,		
	Recompletion	Oil Dry Ga	≒ I			
i	Change in Ownership	Casinghead Gas Conder	isate 📻			
	If change of ownership give name	y.	•			
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
-•.	Lease Name	Well No. Pool Name, Including Fo				
	LULA	2 Buffalo Valley	Penn (State, Federa	lor Fee State K-6844		
	Location	27 - 1	000	•		
	Unit Letter D ; 99	Poet From The North Lin	e and Feet From 7	The West		
	7 7	wnship 15-S Range		1		
	Line of Section / Tov	wnship 15-5 Range	28-E , NMPM, C	naves County		
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	as			
	Name of Authorized Transporter of Oil		Address (Give address to which approx	ved copy of this form is to be sent)		
•	NAVAJO CRUDE OIL PURCHA	ASING CO.	P. O. BOX 175 ARTESIA,	NEW MEXICO 88210		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Address (Give address to which appro-	ved copy of this form is to be sent)		
	PHILLIPS PETROLEUM COM			ips Bldg, Bartlesville		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who			
	give location of tanks.	D 7 15S 28E		ug. 2, 1977		
		th that from any other lease or pool,	give commingling order number:			
ıv.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	$\operatorname{on} - (X)$	x			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3-22-77	5-26-77	8790	8692		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	GR 3690.7 RKB 3707.7	Atoka	8424	8410 Depth Casing Shoe		
Perforations 8538 to 8546 8494 to 8504		- 8504		8790		
	8538 to 8546, 8494 to 8504 8790 8790 8790					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17½	13 3/8	380	570		
	12½	8 5/8	1643	1100		
	7 7/8	4 ¹ ₂	8790	390		
			1	<u> </u>		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				la-var		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
	GAG WEST					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	833	1 .	_	_		
	Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back pressure	2379	0	10/64		
VI	CERTIFICATE OF COMPLIAN			ATION COMMISSION		
v 1.	ODDITE OF OUR DAISING		CED 6. 1977			
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED 3EP 0 13/1			
	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.C. Seressett			
	above to time and complete to the		TITLE SUPERVISOR, I	DISTRICT II		
		11/1/1/1/		This form is to be filed in compliance with RULE 1104.		
	1.18/		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			
	(Signature)		tests taken on the well in accordance with RULE 111.			
	OPERATIONS MANAGER	CED All sections of this form must be filled out completely for allo				
	(1:	*****/	able 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.