	NO. OF COPIES RECEIVED						
	DISTRIBUTIO					ΙΕΊ	
	SANTA FE		1			1	1 = 1
Ι.	FILE	1-					
	U.S.G.S.	1		Λ1	JTHOR	17	
	LAND OFFICE	7 - 1		AC	HOK	14	
	TRANSPORTER	OIL GAS	1				
	OPERATOR		1				
	PRORATION OFFICE						
	Operator						
	Archie M. Speir						
	Address			<u>-</u>			
	P.O. Drawer 40						
	Reason(s) for filing (Check proper box)						
	New Well			Cha	nge in Tr	an	
	Recompletion				Oil		
	Change in Ownership			Cas	inghead (Gas	
	If change of owners and address of prev					Dril	1
II.	DESCRIPTION O	F WEL	L A	ND LE	ASE		

III.

IV.

DISTRIBUTION SANTA FE FILE	1	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL C	AS .		
TRANSPORTER OIL / GAS OPERATOR 2	_	(P = _		
PRORATION OFFICE Operator			RECEIVED		
· ·	M. Speir				
Address			JUN 1 0 1965		
Reason(s) for filing (Check proper box	awer 40	Other (Please explain)	0.0-		
New Well	Change in Transporter of:	Other (Please explain) Change lease	name Trans		
Recompletion	Oil Dry Go	Russell Fede:	ral		
Change in Ownership	Casinghead Gas Conde	nsate			
	arper Drilling Co.	Suite 200 Carper Bu	ilding Artesis, New Mexico		
DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease		
South Red Lake Unit	Tract 1 4 Red	Lake Grayburg	State, Federal or Fee Federal		
Location Unit Letter 0 : 990	Court h	2210			
Unit Letter; 770	Feet From The South Lir	ne and ZJIU Feet From T	The Bast		
Line of Section 35 , To	wnship 17 Range 2	7 , NMPM, Edd	ly County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	i c			
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which approv	,		
Contine Name of Authorized Transporter of Ca	ntal Cil Co.	F.O. Box 410 Arte			
N. A.	singhedd Gds or Dry Gds	Address (Give address to which approv	ed copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n		
If this production is commingled wi	th that from any other lease or pool,	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 Completi		-			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations					
CHORATORIS			Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
<u> </u>					
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water-Bbls.	Gas-MCF		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
I hereby certify that the rules and r	regulations of the Oil Conservation	APPROVED JUL 1 4 1965 , 19 BY MIL Critical Constants Title MAN GAS INSPECTOS			
Commission have been complied v	with and that the information given best of my knowledge and belief.				
	and better				
	\mathcal{A}				

VI.

Unit Operator

(Title)

June 9, 1965
(Date)

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.