		• •	1
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DISTRIBUTION		ONSEFIVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65
FILE / /		AND	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	was to the state of the state o
LAND OFFICE	•	·	
TRANSPORTER OIL /			
GAS		w - •	MAY 1 1953
OPERATOR			MEA (2200
PRORATION OFFICE			1000
Operator	ion Co		LA BARRES S SAMBARA PARTITION
J & H Product	10n 50.		
Address	torio Nou Morrigo		20
Drawer II, Ar	tesia, New Mexico	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:	Office (1 sease expense)	
New Well	· —	_ []	
Recompletion		77	
Change in Ownership X	Casinghead Gas Conden	sate	
If change of ownership give name	antimontal Oil Com	ony Boy 121 - Midlan	d. Texas
and address of previous owner	Continental Oil Com	pany, Box 431 - Midlan	u, ICAGS
	•		
I. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
Lease Name			Fee State E-3711
State P-12	2 E. Red Lske	jueen	500000 12 57
Location	37 a 4 la	e and 1980 Feet From The	East
Unit Letter B; 660	Feet From The North Lin	e and 1900 Feet From The	13000
	. 48 0 5 0!	8-E , nmpm,	Eddy County
Line of Section 12 Tow	mship 17-S Range 28	Jan , Idel W,	
	CED OF OUR AND NATURAL CA	C	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	copy of this form is to be sent)
I		Box 3119, Midland Te	exas
Permian Corporation Name of Authorized Transporter of Cas	inghead Gas 🔀 or Dry Gas	Box 3119, Midland Te	copy of this form is to be sent)
		Bartlesville, Ckahoma	
Phillips Petroleum	Unit Sec. Twp. Rge.	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	C 12 17 28e	Ges!	2-2-62
	1		
If this production is commingled wit	h that from any other lease or pool,	give comminging order number.	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen P	Plug Back Same Restv. Diff. Restv.
Designate Type of Completio	n = (X)		
Date Spudded	Date Compl. Ready to Prod.	Tota. Depth F	P.B.T.D.
Date opadaca			·
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Lievations (Dr., ARD, A., OR, etc.)			, ,
Perforations	1		Depth Casing Shoe
Periorditions			
	TURING CASING AN	D CEMENTING RECORD	
101 5 0175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOBING SIZE		
	<u> </u>		
		after recovery of total volume of load oil and	d must be equal to or exceed ton allo
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	after resovery of total volume of toda oil and epth or be for full 24 hours)	s made by oderes to or overon tob mitor
OH. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
Date First New Oil Aun 10 I dues			, ₄ , ₄ ,
1	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			,
Assum Dead Durates Mark	Oil-Bbls.	Water-Bbls.	Gas - MCF
Actual Prod. During Test		<i>y</i>	
1	F. Control of the Con	11/	

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

TITLE .

VI. CERTIFICATE OF COMPLIANCE

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.

Sherry Cox disignature)				
C(Signature)				
Office Girl				
(Title)				
April 3, 1968				
(770)				

OIL CONSERVATION COMMISSION

APPROVED	, 19	
	Gressett	
BY W. GI	Eressew	

This form is to be filed in compliance with RULE 1104.

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 only Sections I, II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

SEMBLES & OTHER COLOR MEDIC DE SECTE DES COMMES