	NO. OF COPIES RECEIVED	*-	. .		
	DISTRIBUTION			Form C-104	
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAE (
	LAND OFFICE				
	GAS		(\mathcal{I})	n 10 1 4 1972	
	PROBATION OFFICE	_	<u> </u>	pri pri mini si	
	Operator D'11 L O'1 C	······································	A	RTEELA, OFFICE	
	Bill Jones Oil Compan	ч <u>у</u>			
	Box 2606, Odessa, Te	xas 79760			
	Reason(s) for filing (Check proper box New Well	/ Change in Transporter of:	Other (Please explain)		
	Recompletion	Cill X Dry Go			
	Change in Ownership	Casinghead Gas Conde	nsate [from admiral	Crude oil Corp.	
	If change of ownership give name and address of previous owner				
18	II. DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including F		Lease No.	
	Davis Federal	6 High Lonesom	ie Queen State, Fødera	lor Fee Federal 068677	
	Unit Letter <u>C</u> 660	Feet From The North Lin	ne and <u>1980</u> Feet From T	The West	
Line of Section 15 Township 16S Range 29E , NMPM, Eddy					
				County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of A itnorized Transporter of OIL X or Condensate Address (Give address to which approved copy of this form is to be s				
	Scurlock Oil Company		1216 Vaughn Bldg., Mi	dland. Texas 79701	
	None of Authorized Transporter of Car No market	singhead Gas 🔄 — or Dry Gas 🧮	Address (Give address to which appro-	ved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Whe	en .	
	give location of tanks. D + 15 16S 29E				
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, CR, etc.,	Name of Broducture Formation	Top Oil/Gas Pav		
	(br, RRB, RT, CR, erc.)	Addie of Producing Fonsation	Top Oll/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	•	TUBING, CASING, ANI	D CEMENTING RECORD	<u> </u>	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v .	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a	fter recovery of total volume of load oil o	ind must be equal to or exceed top allow-	
	AIL WELL able for this depth or be for full 24 hours) Date First New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
			r tod tetný monied (z tow, pisnip, gas tij	,	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cil-Bble.	Water-Bble.	Gas-MCF	
	GAS WELL				
i	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-iB)	Choke Size	
l				,	
¥1.	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.		APPROVED FEB 1 4 1972, 19		
				OIL AND GAS INSPECTOR	
	Bort Par The	Bitte Plette Manyood		cmpliance with RULE 1104.	
-	President (Signature)		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 allow- 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 filled for each pool in multiply		
-					
	(Title)				
-	(Date)				

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