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NO. OF COPIES RECEIVED	NEW MEXICO OIL CO	INSERVATION COMMISSION	Form C-104	1 C 104 and C-11(
DISTRIBUTION	REQUEST F	Supersedes Uid Effective 1-1-6	l C-104 and C-11( 5	
ANTA FE		_		
	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS	
	AUTHORIZATION TO TRA		RECEI	VED
LAND OFFICE OIL /		$\wedge$		1000
OPERATOR 2	$\cdot$ X		<b>J</b> UN 2 4 1966	
PRORATION OFFICE				<b>G.</b>
KEVANEE OIL COMPANY			· · · · · · · · · · · · · · · · · · ·	
P G BAX 2239. TULS	A, OKLAHOMA 74101	Other (Please explain)		
Reason(s) for filing (Check proper box)	Change in Transporter of:			
New Well	Oil Dry Ga	s 🗌 🦯 Change Ir	Lease Name	<b>^</b>
Recompletion	Casinghead Gas Conder	nsate _ From: Hal	lis St.#	<u>A</u>
Change in Ownership			Land Taxas	
If change of ownership give name and address of previous owner	Nell E. Salsich,	411 North Loraine, Mid		
DESCRIPTION OF WELL AND	LEASE	ormation Kind of Lea		Lease No. E-785
Leise Name	2 Square L		ral or Fee State	[-/0]
HOLL IS Location		ne and 1980 Feet From	The Vest	
Unit Letter ; !	SO_Feet From TheSouth Li	ne and reer row		County
Line of Section 36 To	wnship 165 Range	29E , NMPM,	Eddy	
	TER OF OIL AND NATURAL G	AS Address (Give address to which app	roved copy of this form i	s to be sent)
Name of Authorized Transporter of Or			ad Taxas	
Texas New Mexico Pi	rsinghead Gas or Dry Gas	Address (Give address to which app	forea copy of the first	is to be sent)
Name of Authorized Transporter of Co Skelly Oll Company	XBOX	P. 0. Box 1135, Eunio	ce, New Maxico	
	Unit Sec. Twp. Rge.	Is gas actually connected i		
If well produces oil or liquids, give location of tanks.	F 36 165 29E	ting order number:	CTB-10	12
If this production is commingled w	with that from any other lease or pool	I, give commingling order humber		Res'v. Diff. Res
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same	Res (. Din not
Designate Type of Complet	ion $-(\mathbf{X})$		P.B.T.D.	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depart	
			Depth Casing Shoe	•
Perforations				
		ND CEMENTING RECORD		
	TUBING, CASING, A	DEPTH SET	SACKS	CEMENT
HOLE SIZE	CASING & TUBING SIZE			
	FOR ALLOWABLE (Test must b	be after recovery of total volume of load	loil and must be equal to	o or exceed top a
V. TEST DATA AND REQUEST	FOR ALLOWADDE able for this	e depth or be for full 24 hours) Producing Method (Flow, pump, g		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (1100, party)		
		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure			
		Water-Bbls.	Gas - MCF	
Actual Prod. During Test	Oil-Bbls.			
·			Gravity of Conde	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Cond	medie
Actual Prod. Test-MCF/D		(chutuin)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
			RVATION COMMI	SSION
VI. CERTIFICATE OF COMPLI	IANCE			
				, 19
I hereby certify that the rules a	and regulations of the Oil Conserva ed with and that the information g	$\frac{110n}{10}$ $\frac{1}{11}FALL$	trong	
Commission have been compli	and regulations of the Ori Constitutions ed with and that the information gives the best of my knowledge and below the best of my knowledge and below the best of my knowledge and below the best of t		/	
above is true and complete to		TITLE		
			d in compliance with	RULE 1104.
Art Ver Mar		This form is to be file If this is a request for	allowable for a newl	y drilled or dee
III III and Color	M. M. Tharp	well, this form must be ac	accordance with RUI	LE 111.
	(Signature)	tests taken on the well in All sections of this fo	orm must be filled out	completely for
	Chief Clerk	All sections of this ic able on new and recomple	ted wells.	a abarran of
<b></b>	(Tule)	Fill out only Section	IS I, II, III, and VI	or changes of con
	(Date)	well name or number, or tra Separate Forms C-10	4 must be filed for (	each pool in m
		completed wells.	· · ···	
	(Date)	Separate Forms C-10 completed wells.	4 must be filed for (	and hour us .