	1	- -	
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DISTRIBUTION	1	DNSERVATION COMMISSION	Form C-104
SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S.		AND	
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	15
OIL /	1	a	
TRANSPORTER GAS		K	ECEIVED
OPERATOR /	1		
PRORATION OFFICE	1		IUI 1 1969
Operator			
J. Cleo Thompson			0.6.6
Address		A.	RTESIA, OFFICE
	Tower, Dallas, Texas	1011 (0)	
Reason(s) for filing (Check proper box) Change in Transporter of:	Other (Please explain)	
New Well Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Conden		
Grange in Grand-In-			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo	1	cr Fee Federal LC063926
HEA Etz tederal	1 square Lake	State, redetal	Erree Federal LC003920
Location Unit Letter J ; 19	80 Feet From The South	e and Feet From Th	eEast
Line of Section 26 To	wnship 165 Range 3	OE , NMPM, Ede	dy County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Oi		Address (Give address to which approve	
Navajo Refining Compa	singhead Gas w or Dry Gas	North Freeman Ave., Arte Address (Give address to which approve	esia, New Mexico
Name of Authorized Transporter of Co	• •		
Phillips Petroleum	Unit Sec. Twp. Rge.	Is gas actually connected? When	Box 6666, Odessa, Texas
If well produces oil or liquids, give location of tanks.	J 26 16S 30E	Yes	
If this production is commingled w IV. COMPLETION DATA	ith that from any other lease or pool,		Plug Back Same Resty. Diff. Resty.
Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B. 1.D.
Floweries (DE DVD DT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Nume of Frequency Commutes	,	,
Perforations		<u> </u>	Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	<u> </u>
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a epth or be for full 24 hours)	nd must be equal to or exceed top allow-
OIL WELL	Date of Test	Producing Method (Flow, pump, gas lift	etc.)
Date First New Oil Run To Tanks	Date of lest	Producing Method (1 150) Panipy and style	,,
Loroth of Tool	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
Actual Fied, During 1991	1		
		<u>,</u>	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Tubing Pressure (Shut-in)

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.

(Signature

(Title)

(Date)

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Duly Authorized Agent

June 25, 1969

OIL CONSERVATION COMMISSION

Choke Size

OIL AND GAS INSPE**CTOR**

Casing Pressure (Shut-in)

TITLE .

APPROVED

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.