	1				
	NO. OF COPIES RECEIVED				
-	DISTRIBUTION		NSERVATION COMMISSION	Form C-104	
	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
-	U.S.G.S.	TO TO THE TO THE AND NATURAL CAS			
-	LAND OFFICE	AUTHORIZATION TO TWIN		ECEIVED	
	TRANSPORTER OIL		φ		
	GAS		1		
_ -	PRORATION OFFICE			MAY 1 9 1965	
I.	Cperator				
	Mercury Production Compa	iny		O. C. C.	
	ddress				
	522 Fort Worth National Bank Building, Fort Worth, Texas 76102 Goson(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	Change of operato	r effective	
	Recompletion	Oil Dry Gas	April 1, 1965	,	
	Change in Gwnership	Casinghead Gas Condens	ate		
	If the read of evenership give name		Dandam and Associatos	Fort Worth Texas	
	If change of ownership give name prand address of previous owner	evious operator - Frank	parden and Associates,	TOTE WOTER, TOXAS	
**	DECORPTION OF WELL AND I	FASE			
11.	DESCRIPTION OF WELL AND L	Well No. Pool Nam	e, Including Formation (Grayburg-	Kind of Lease Federal	
	Johnson /	3 Square	e Lake San Andres)	State, Federal or Fee	
	Unit Letter F; 1980 Feet From The North Line and 1980 Feet From The West				
	Line of Section 33 , Town	nship 16S Range	31E , NMPM, Eddy	County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Oil		Artesia. New Mexico		
	Continental Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
	Phillips Petroleum Co.			Bartlesville, Oklahoma	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
	give location of tanks.	F 33 16S 31E	Yes	8-11-60	
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio		1	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Pool				
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TODING SIZE			
			fundada allanda il	and must be equal to or exceed top allow-	
V	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)				
	OIL WELL Date First New Cil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
			Control Processing	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	Actual Prod. During Test			·	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Esis. Collaborator, miner		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
	, same				
V	I. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		MAY 1 9 1965		
			men	Aria	
	above is true and complete to the	e best of my knowledge and belief.	BY JI/2 LAVINALE	7	
			TITLE AND CAS INSTITUTE		
	1	0.0	This form is to be filed in	This form is to be filed in compliance with RULE 1104.	
	C. W. Stumbol	fir	for allowable for a newly drilled or deepened		
	C. W. Stumhoffer (Signature) Manager of Operations		well, this form must be accompanied by a tabulation of the deviation that tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
	(7	title)	able on new and recompleted wells.		
	May 4, 1965 (Date)		well name or number, or transporter, or other such change of		
	(1	/ w = /	completed wells.	get be filed for each pool in multiply	
			R Completed as one		