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TRANSPORTER	OIL	1		
THANS: ON FER	GAS			
OPERATOR		1		
PROBATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
				AND NATURAL GAST ECEIVED		
	LAND OFFICE	AUTHORIZATION TO TRA	INDEUR I UIL AND NATUR	AL GAS I V 2. 13		
	TRANSPORTER OIL	_	Y	COTA		
	OPERATOR /	-		CCT 7		
1.	PRORATION OFFICE			Ū .;		
	Operator RYDER SCC	OTT MANAGEMENT CO	MPANY	ARTOURA, N		
	Address	7 1 1/41/14/14/14/14				
	922 8th Stre	eet, Wichita Ealls, Texas 76301				
	Reason(s) for filing (Check proper box)	,	Other (Please explain	.)		
	New Well Recompletion	Change in Transporter of: Oil Dry Ga				
	Change in Ownership X	Oil Dry Ga Casinghead Gas Conden	= 1			
	If change of ownership give name		* 450° D 11	1 N. 413 D. 1 D		
	and address of previous owner	Water Flood Associates,	, Inc., 4505 Republ	ic Nat'l Bank Tower		
11.	DESCRIPTION OF WELL AND	Dallas, Texas				
	Lease Name	Well No. Pool Name, Including Fo	-1	Lease Lease No. B-161-3		
	Brinson State B-161-	3 2 Grayburg Jac	CKSON State,	Federal or Fee State B-161-3		
		0 Feet From The N Lin	e and 990 Feet	н:		
				From TheE		
	Line of Section 36	waship 16 Range	31 , _{NMPM} , Ed	.dy County		
T T T	DESIGNATION OF TRANSPORT	PER OF OUR AND NATURAL CA	6			
111.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA Or Condensate	Address (Give address to which	approved copy of this form is to be sent)		
	Continental Oil Compa		<u> </u>	onca City, Okla. 74602		
	'Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)		
	16 wall and down all an Manda	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	A 36 16 31		1		
		th that from any other lease or pool,	give commingling order numbe	r:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on = (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	(21) MD, MI, ON, esc.)	l l l l l l l l l l l l l l l l l l l	100000, 0101.07	. Lang Sopin		
	Perforations			Depth Casing Shoe		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a		ad oil and must be equal to or exceed top allow-		
OII. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date (Mar New On Hair 10 1 date		, , , , , , , , , , , , , , , , , , , ,			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	Actual Ploa, During 1441	011-35.41				
			· · · · · · · · · · · · · · · · · · ·			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bhis Condenses ABICE	Loantha of Contambra		
	Actual Prod. 1681-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		
VI.	VI. 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. Ryder Scott Management Company			APPROVED NOV 3 1986 , 19			
			TITLE OIL KAG BAS INSPECTOR			
			This form is to be filed in compliance with RULE 1104.			
				G. F. Sawdy (Signa	ature)	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
Agent			tests taken on the well in accordance with RULE 111.			

Oct/13. 1966

(Date)

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 filed for each pool in multiply completed wells.